



Pascua Yaqui Pueblo

2016 Community Health Assessment





Acknowledgements

The Public Health Accreditation Team owes special gratitude to the tribal departments and key stakeholders who participated in numerous work sessions and meetings in order to create this Community Health Assessment (CHA). The completion of this CHA was due, in large measure, to the contributions of numerous individuals who gave their time, skill, support, knowledge and expertise.

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EXECUTIVE SUMMARY

Background of Health Services

The Pascua Yaqui Health Services Division (PYHSD) is pursuing national accreditation from the Public Health Accreditation Board (PHAB). A major aspect of PHAB Accreditation includes conducting a Community Health Assessment (CHA). The outcomes of the CHA are used to prioritize program efforts and make informed decisions which can be used to create organizational plans such as a Strategic Plan and Community Health Improvement Plan, both of which are also required for PHAB Accreditation.

The 2016 Pascua Yaqui Pueblo CHA analyzes the health information available in existing databases within the PYHSD, other Tribal divisions, private providers, and state agencies. The CHA process involved determining what content to include, collecting data reflective of the desired content, and analyzing the meaning of those data. The CHA was completed in partnership with other organizations in the community and outside organizations such as Red Star International and The Inter Tribal Council of Arizona.

The PYHSD mission is to promote the highest possible standard for health and well-being within its communities. The PYHSD carries out this mission by managing over \$30 million from federal, state, tribal, and private funds. As an Indian Self-Determination Act (ISDA) contract tribe, it negotiates two separate Annual Funding Agreements, one with Indian Health Service (IHS) Phoenix Area for member in Maricopa County, and the second with the Tucson Area.

After federal tribal recognition in 1978, the IHS established its first managed care plan on the Pascua Yaqui Pueblo by paying a monthly premium to El Rio Health Centers for each registered Tribal Member living in Pima County for medical and dental care as well as specialty services. The PYHSD supplemented these direct services by also running state programs such as WIC, ALTCS, and Tobacco Cessation. This managed care plan administered by IHS did not fully address community health needs, so the PYHSD assumed control of the managed care plan in fiscal year 2011. The PYHSD was then able to significantly increase its decision-making power by financially operating, expanding, and adding programs reflective of the community's health needs. The effective and sustainable function of these services requires collaboration with the Arizona Health Care Cost Containment System (AHCCCS: Arizona's Medicaid equivalent), the IHS Phoenix Indian Medical Center, Phoenix and Tucson IHS area offices, El Rio Health Centers, local hospitals, various private health care providers, and its more than 19,000 Tribal Members.

Even after the shift from IHS control to Tribal administration of the managed care plan, it remains challenging to interact with other Tribal departments, private health providers and



government agencies. It is also difficult to maintain control of the Tribal health care system while securing intergovernmental and private partners. Limited infrastructure and jurisdictional authorities impede the ability to deliver health care consistently. Through activities required for public health department accreditation, the Pascua Yaqui Tribe will gain greater control over and maintain Tribal values within its health care practices.

Community Description and Challenges

Primary data, or data from PYHSD's own programs and departments, is often times the most accurate account of the health status of Pascua Yaqui community members. However, many factors such as lack of funding and expertise inhibit the gathering and analysis of useable data from all PYHSD programs. To bolster the content of this CHA, we included secondary data, or data gathered by outside sources, to tell the story of the community's health.

The primary data collected within this CHA is representative of enrolled Pascua Yaqui Tribal members eligible for health services. This may include both enrolled members living on the Pascua Yaqui Pueblo Reservation and those living elsewhere who travel for their health services. Also, the data gathered from the Gathering Hiaki Voices for Wellness survey includes responses from individuals present in the Pascua Yaqui communities in Arizona where the surveyors were collecting responses.

The specific community represented by the secondary data, however, is more difficult to pinpoint. Depending on the source, the secondary data is representative of Tribal members who self-identify as Pascua Yaqui and may or may not live on the Pascua Yaqui Pueblo, or those who self-identify as living in Pascua Yaqui Pueblo.

Throughout this CHA, comparisons to Pima County and Arizona's data is provided to show relative rates of indicators and to better understand the specific burden of disease felt by the Pascua Yaqui community overall. It is important to keep in mind that the true burden of disease of Pascua Yaqui community members may be higher because of the above described uncertainties of the data.

Demographic Data Summary

According to the Pascua Yaqui Enrollment Department, 21.5% of the Pascua Yaqui Tribal members living in Arizona reside on the Pascua Yaqui Pueblo. The 2014 American Community Survey (ACS) reports that 29.4% of residents living on Pascua Yaqui Tribal Lands are 5 to 17 years old. The majority of males are between 15 to 24 years old, while the majority of females are between 45 to 54 years old. According to the Arizona Department of Health Services (ADHS), the teen pregnancy rate in 2013 was 24.0%: the highest teen pregnancy rate among all Arizona communities. According to the 2014 ACS, 22.6% of residents living on Pascua Yaqui



Tribal Lands belong to a single-female household, whereas only 7.0% of Pima County residents and 2.8% of Arizona residents belong to a single-female household. The 2014 ACS also reports that only 3.1% of residents living on Pascua Yaqui Tribal Lands have a college or professional degree, and 46.3% live below the poverty level.

Health Data Summary

Pima County's 2015 Community Health Needs Assessment reported the highest rates of chlamydia within the Pascua Yaqui Tribe Primary Care Area when compared to other primary care areas in Arizona. This assessment also reported that the Pascua Yaqui Tribe Primary Care Area shows a statistically higher mortality rate for any type of cancer.

Primary data shows that in 2015, rates of obesity among different age groups of El Rio Pascua Clinic users were the following: 55.1% among users 18 to 34 years old, 63.1% among users 35 to 60 years old, and 51.3% among users 61 years old. Diabetes was the top diagnosis of El Rio Pascua Clinic users in 2013 as well as the top purpose of visit for Yoeme Health Plan contract visits in 2013.

According to the results of the Gathering Hiaki Voices for Wellness survey, the majority of respondents reported that pain is the health issue that bothers them most, followed by allergies and overweight. Additionally, 16.0% of survey respondents reported that they do not use PYHSD services because they are not aware of the services.

Our Response

The Pascua Yaqui Tribal Council directs the Health Executive Director based on input from groups and individuals within the community received through periodic community meetings. The Tribal Council has directed the Health Director to pursue public health accreditation, draft a Public Health Code, and engage in partnerships to expand the services available on or near the reservation.

The PYHSD response to the health needs identified in this CHA will be performed with direct executive responsibility. The PYHSD has appointed a Public Health Accreditation Team to lead the effort on each of the prioritized needs in addition to pursuing public health department accreditation through the Public Health Accreditation Board (PHAB). The Public Health Accreditation Team will engage key community partners and Tribal programs in implementing evidence-based strategies across all priorities areas. These strategies will be developed further over several years along with the creation of a Strategic and Community Health Improvement Plan. Implementation of these plans will be reviewed and updated at least annually to ensure the most appropriate responses to identified health needs.

As the Tribe strengthens its infrastructure and capacity, PYHSD seeks to combine mainstream and integrative therapies, introduce a paradigm shift in lifestyle choices, and adopt a



community-based case management approach to improved health outcomes of all community members.

Intended Outcomes

The PYHSD vision is for all Tribal Members and their families in all Yoeme Communities to have the highest possible standards of care, be empowered to manage their own health and engage in healthy lifestyles, and live in balance and harmony within the sacred circle of life. Because this vision is so crucial to our identity, it is embedded within our organization strategic and operational plans. Financial and performance targets are created with the goal of strengthening our Yoeme communities, particularly our response to the health needs identified in this CHA. The successful achievement of public health department accreditation will result in better quality of and access to culturally appropriate public health services for Pascua Yaqui Tribal Members overall.





Introduction

Purpose and Background

The Pascua Yaqui Health Services Division (PYHSD) is pursuing national accreditation from the Public Health Accreditation Board (PHAB). The purpose of this accreditation is to improve the quality and quantity of services provided to the Pascua Yaqui Tribal members and prepare for anticipated funding changes that favor accredited health departments. One of the prerequisites of accreditation is conducting a CHA that looks at the current state of a community's health, including where the community is doing well and where improvements can be made. To this end, the Pascua Yaqui Tribe has sponsored and coordinated this Pascua Yaqui Pueblo 2016 Community Health Assessment (CHA).

The Pascua Yaqui Public Health Accreditation Team was convened and began the CHA process in May of 2012. The Public Health Accreditation Team is made up of a group of PYHSD staff that work with the Yaqui community to communicate, coordinate, and carry out actions aimed at improving the overall health status of the community. After receiving training and determining objectives, the team and PYHSD staff began working together spending countless hours to develop a plan and community survey protocols.

With funding from the Robert Wood Johnson Foundation, ITCA awarded PYHSD a \$10,000 grant to help develop a community health survey. PYHSD used those funds to receive consultation from Red Star Innovations, and training for Public Health Accreditation Team members and survey interviewers provided by ITCA.

Community Input

The Public Health Accreditation Team created a survey that thoroughly investigated community attitudes regarding health concerns, the health department, and the health services currently provided. The targeted population was Tribal members living in Pima County who were eligible to receive health services offered by the PYHSD, yet opted out of those services. The Public Health Accreditation Team also determined that the survey would not only collect health information, but also educate community members about the range of services provided by the PYHSD.

An affinity chart method was used to develop the survey questions, and the Public Health Accreditation Team decided that the survey needed to incorporate respect of Tribal culture. Some instances of this important aspect includes the assurance of Tribal ownership of the project, using Tribal members as surveyors, and pausing the surveys process in respect for Cuaresma (Lent). In addition, the name of the survey reflected cultural values and language:



Gathering Hiaki Voices for Wellness, Nau yahiwaapo Hiak etehorita waka tuisi hiapsine vetchiivo. A logo reflecting Hiaki culture was also created.

The Pascua Yaqui Accreditation Team developed and exercised the interview questions, as well as the protocol and processes by which the CHA would be implemented. The Public Health Accreditation Team used word-of mouth and the radio to inform the community about the CHA in February of 2014, and they encourage community members to participate in the *Gathering Hiaki Voices for Wellness* survey starting in March of 2014.

The PYHSD's Resource and Patient Management System (RPMS) was used to randomly select 400 homes where individuals not using PYHSD services within the last 24 months lived. Maps of each targeted community in Pima County were produced by the Pascua Yaqui Land Department in order to track the randomly selected homes. Interviewers mostly consisting of Yaqui Tribal members were trained on how to distribute and communicate the survey to community members. After attempting to visit the homes selected for the survey, it became difficult to locate the targeted population. Since the 400 homes targeted belonged to those who had not used PYHSD services in the last 24 months, many of their last known address in RPMS were out of date. Because of this, the Public Health Accreditation Team decided to open the survey to any enrolled Tribal member over the age of 17. They also expanded the scope of the survey to include questions pertaining to individuals who do use PYHSD services as well as those who do not. Surveys were then distributed and conducted at various locations in the Pascua Yaqui Tribal community within Pima County rather than at individual houses.

As outlined in the Next Steps section of this CHA (page X), community engagement is imperative throughout the public health accreditation process. The next steps for the Public Health Accreditation Team are to assist in the creation of a Strategic Plan (SP) and a Community Health Improvement Plan (CHIP). To ensure community engagement throughout those processes, *Gathering Hiaki Voices for Wellness* survey interviewees were asked if they were willing to be part of focus groups and serve as key informants throughout the CHIP and SP processes. Additionally, the Public Health Accreditation Team plans to intentionally include the Pascua Yaqui Tribal community in setting standards to improve services, guide the process of improving health and the well-being of community members, and gauge how much progress is being made.

Data Sources

This CHA incorporates the findings from the *Gathering Hiaki Voices for Wellness* survey with other primary and secondary data sources. Primary data, or data from PYHSD's own programs and departments, is often times the most accurate account of the health status of Pascua Yaqui community members. However, many factors such as lack of funding and expertise inhibit the gathering and analysis of useable data from all PYHSD programs. To bolster the content of this



CHA, we included secondary data, or data gathered by outside sources, to tell the story of the community's health.

Some of the secondary data sources include the American Community Survey, the Arizona Department of Health Services, the Pima County Community Health Assessment, and the Arizona Hospital Discharge Data. While these secondary data sources are available for American Indian/Alaskan Native (AI/AN) populations, they are not always reflective of specific Tribes, and data become statistically unreliable when calculating for small populations.¹ This problem is seen for the Pascua Yaqui Tribe because the Tucson Service Area Unit also includes the Tohono O'Odham Nation. This inhibits the specificity of secondary data searches that utilize service area units to identify specific populations. Because of this, the Pascua Yaqui Tribe is taking creative action to address the dearth of quality health information and conduct Tribally specific community health assessments.

Key Findings and Next Steps

The results of this CHA reveal areas where improvements can be made through focused attention and collaboration in order to improve the health and wellbeing of the Pascua Yaqui community. Some of the areas include increasing the awareness of available services provided, overcoming barriers that inhibit access to care, and addressing shortages in primary care providers. There are many other factors, including poverty, that offer ample room for improvement in the Tribe's overall health status.

The specific health indicators that show room for improvement include the high rates of teen pregnancy, chlamydia, diabetes-related illness, and cancer. Further analysis of primary data from the PYHSD is necessary to better understand these trends and provide recommendations that will address these health concerns. The development of primary data collection tools will assist in further analysis of the community's health and the completion of future CHA's.

The community's responses to the *Gathering Hiaki Voices for Wellness* survey also revealed areas for intervention. With 16.0% of survey respondents reporting that they do not use PYHSD services because they are not aware of the services, there is a definite need to educate the community about their health care options. Also, the survey found that 30% of respondents use the Alternative Medicine program, indicating that providers in Alternative Medicine reach more community members and thus have a greater opportunity to provide referrals or education about other PYHSD programs.

¹ Burhansstipanov, L and Satter DE. (2000) Office of Management and Budget Racial Categories and Implications for American Indians and Alaska Natives. *American Journal of Public Health*. 90(11): 1720-1723.



DEMOGRAPHICS





Pascua Yaqui Tribe Historical Overview and Region

The Yaqui people call themselves, *Yoeme* or *Hiaki* (person) and *Yoemem* (the people) and the traditional homeland, *Hiakim*. The *Hiak Vatwe* (Yaqui River) is the largest water system in the Hiakim, and serves as an essential cultural landscape for the Hiaki people. According to Yoeme narrative, most Hiaki people settled into eight villages (*Wohnaiki Pweplum*) along the banks of the Río Yaqui, and have lived there since time immemorial. These eight villages, collectively known to non-Yaquis as the Río Yaqui Pueblos, are located in the southern reaches of the State of Sonora between the Mexican towns of Guaymas and Ciudad Obregón. Individually, these towns are: Vícam, Pótam, Tórim, Rahum, Bacum, Huirivis, Cócorit, and Belem.

Yoeme narrative and ethno-historical accounts describe individual Yaqui families living in rancherías along the banks of the Lower and Middle Río Yaqui Basins as early as 1617 prior to settling into the eight mission-pueblos.² Over time, some settlements reached as far north as the Santa Cruz and Gila River valleys in southern Arizona where individual families concentrated into small villages in the 18th century, long before contact with Spanish missionaries or soldiers.³ The Río Yaqui was an important travel and subsistence corridor for the Yaqui people since it connected the resources and populations of the Sea of Cortez with those of the Sierra Madre and the mountain ranges and drainages of the American Southwest. Ethno-historical data suggest many cultural groups utilized the Middle and Upper Río Yaqui Basins for subsistence, trade, and warfare.⁴

Brutal military campaigns by the Spanish, and later, by the Mexican Governments to exterminate, enslave, dispossess, or deport the Yaquis forced them to flee their Río Yaqui homeland for other regions in Mexico or the U.S. By 1900, a large number of Yoeme established enclaves in southern Texas, California, New Mexico, and Arizona. Several existing Yoeme communities were expanded by this exodus near the present-day city of Phoenix, and near the towns of Tubac and Tucson. Old Pascua Village was established in Tucson in 1903, and is one of the earliest and largest continuously occupied Yoeme settlements in the U.S. In 1964, with the aid of Congressman Morris K. Udall, the Pascua Yaqui were recipients of 202 acres of desert land, and the community of New Pascua was established. The Pascua Yaqui Tribe of Arizona was recognized by Congress as an Indian Tribe on September 18, 1978.⁵ Today, the reservation encompasses 2,216 acres and is located in the southwestern part of the Tucson metropolitan area (see Figure 1).

² Mary Katherine Downing, "Yaqui Cultural Continuity: A Question of Balance," *Wicazo Sa Review*, Vol. 8, No. 1 (Spring 1992): 92; Emiliano Gallaga, "The Pre-Hispanic Communities of the Onavas Valley, New Archaeological Research in the Middle Yaqui River Valley, Sonora, Mexico," *Kiva*, Vol.72, No. 3 (Spring 2007): 332; Edward H. Spicer, *The Yaquis: A Cultural History* (Tucson: University of Arizona Press, 1980), 292.

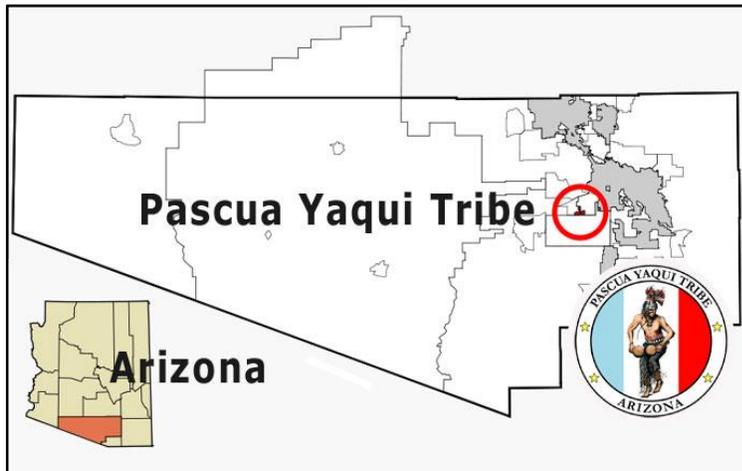
³ Yaqui History compiled by Yaqui Historian, Ernesto Quiroga Sandoval <http://www.pascuayaqui-nsn.gov>.

⁴ Emiliano Gallaga, "The Pre-Hispanic Communities of the Onavas Valley, New Archaeological Research in the Middle Yaqui River Valley, Sonora, Mexico," *Kiva*, Vol.72, No. 3 (Spring 2007): 331.

⁵ Public Law 95-375, 92 Stat. 712, 25 U.S. Code § 1300f.



Figure 1. Pascua Yaqui Pueblo Location⁶



Climate⁷

The Pascua Yaqui Pueblo is located in Southern Arizona, an area considered to be one of the “sunniest” places in the United States. The region surrounding the Pascua Yaqui Pueblo experiences warmer and drier weather compared to other parts of the U.S. The average high temperature is 84 degrees and the average low is 58 degrees. On an average year, the area receives just over 12 inches of precipitation.

Tribal Enrollment

Approximately half of the enrolled members of the Pascua Yaqui Tribe reside within Yaqui communities in Arizona. Figure 2 shows the number of enrolled tribal members living within these respective communities and outside of them. Additional enrolled members of the Pascua Yaqui Tribe reside in the United States and Mexico, but they are not represented in Figure 2.

Figure 2. Pascua Yaqui Tribal Enrollment⁸

Pascua Yaqui Community	2015 Enrollment	2016 Enrollment
Total living within Yaqui communities	8,415	8,561
Pascua Yaqui Pueblo Reservation	3,934	4,109
Guadalupe (Phoenix, AZ)	3,375	3,332
Old Pascua (Tucson, AZ)	397	403
Coolidge (Pinal County, AZ)	195	200
Penjamo Pueblo (Scottsdale, AZ)	169	161
Barrio Libre (South Tucson, AZ)	164	144

⁶ Graphic from <http://nationalunitygovernment.org/content/arizona-tribe-set-prosecute-first-non-indian-under-new-law>

⁷ US Climate Data <<http://www.usclimatedata.com/climate/tucson/arizona/united-states/usaz0247>>

⁸ Pascua Yaqui Enrollment Department



High Town (Chandler, AZ)	75	63
Eloy (Pinal County, AZ)	55	52
Yoem Pueblo (Marana, AZ)	51	97
Total living outside of communities	9,896	10,518
Enrolled members living in Tucson, outside of Yaqui communities	3,169	3,517
Enrolled members living in Arizona (excluding Tucson), outside of Yaqui communities	6,727	7,001
TOTAL	18,311	19,079

Definition of Community

For the purposes of this CHA, we define the community as all enrolled Pascua Yaqui Tribal members living in Pima County eligible for Yaqui health services. This includes enrolled members as defined in the Pascua Yaqui Tribe’s Constitution. This CHA focuses specifically on those Pascua Yaqui Tribal members residing in Pima County which includes the Pascua Yaqui Pueblo Reservation, Old Pascua, Barrio Libre, and elsewhere within Tucson.

Population Data

According to the U.S. Census Bureau, 87.2% of Pascua Yaqui residents identify as American Indian and/or Alaska Native and 4.4% identified as White (see Figure 3). For ethnicity, the majority (77.4%) of Pascua Yaqui Pueblo residents identified as non-Hispanic, while 22.6% identified as Hispanic.

Figure 3. Race and Ethnicity of Pascua Yaqui Pueblo Residents⁹

Race/Ethnicity		ACS estimates				
		2010	2011	2012	2013	2014
Race	One race	91.5%	96.4%	97.3%	97.7%	95.9%
	<i>American Indian and/or Alaska Native</i>	85.7%	90.5%	90.2%	89.9%	87.2%
	<i>Black or African American</i>	0.3%	0.4%	0.3%	0.2%	0.3%
	<i>White</i>	2.6%	2.4%	3.4%	3.9%	4.4%
	<i>Asian</i>	0.0%	0.0%	1.5%	1.3%	1.54%
	<i>Native Hawaiian and Other Pacific Islander</i>	0.0%	0.0%	0.0%	0.0%	0.0%
	<i>Some other race</i>	2.9%	3.1%	1.9%	2.3%	2.6%
	Two or more races	8.5%	3.6%	2.7%	2.3%	4.1%

⁹ ACS 5 Year Estimates Table DP05

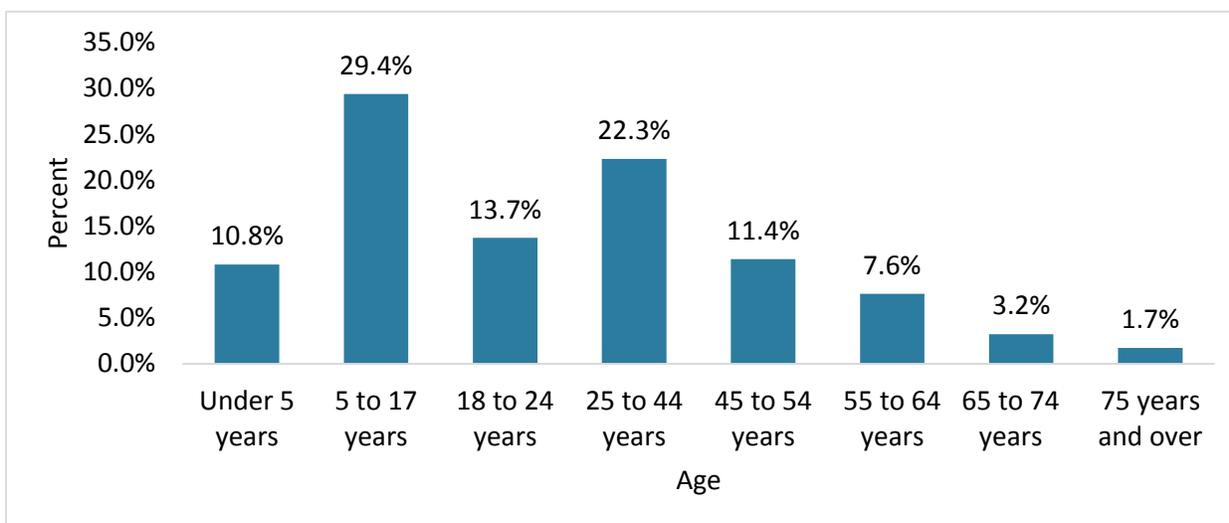


Ethnicity	Hispanic or Latino (of any race)	35.5%	30.0%	25.3%	23.6%	22.6%
<i>Mexican</i>		34.9%	29.4%	24.5%	22.8%	21.6%
<i>Puerto Rican</i>		0.0%	0.0%	0.2%	0.1%	0.2%
<i>Cuban</i>		0.0%	0.0%	0.0%	0.0%	0.0%
<i>Other Hispanic or Latino</i>		0.6%	0.7%	0.5%	0.6%	0.9%
Not Hispanic or Latino		64.5%	70.0%	74.7%	76.4%	77.4%

Age Distribution

Examining data from the 2014 American Community Survey (ACS) by the U.S Census Bureau, we see that 29.4% of residents living on Pascua Yaqui Tribal Lands are 5 to 17 years, and 10.8% are under 5 years.

Figure 4. Age Distribution for Pascua Yaqui Tribal Lands¹⁰



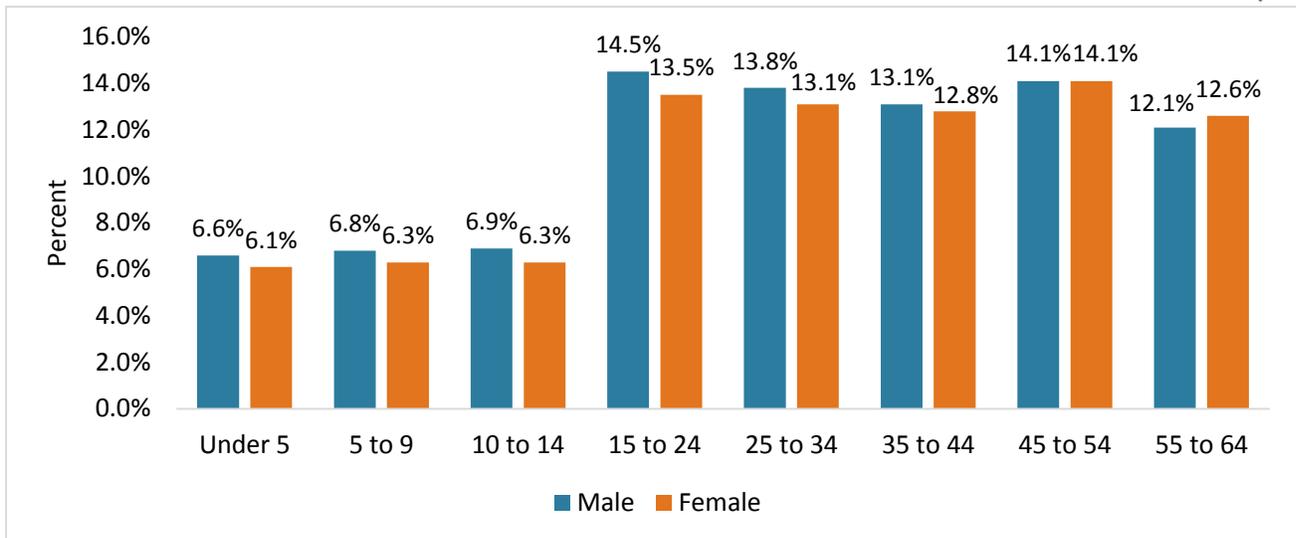
Gender

Examining the ACS 2014 data for gender and age distribution for PYT lands, Figure 5 shows that the majority of the population for males peaked at the age range of 15-24, while the female population peaked at the age range from 45-54.

¹⁰ ACS 5 Year Estimates Table S0101



Figure 5. Percentage of Males and Females Residing on Pascua Yaqui Tribe Lands¹¹



Languages Spoken

In 2014, nearly half (49.5%) of Pascua Yaqui residents reported primarily speaking English, while just over half (50.5%) reported primarily speaking a language other than English. Of those speaking a language other than English, the majority (44.9%) reported speaking primarily Spanish or Spanish Creole. The rate of residents speaking a language other than English is much higher in Pascua Yaqui compared to the rates of Pima County and Arizona.

Figure 6. Languages Spoken within Arizona¹²

Area	Language	ACS Estimates				
		2010	2011	2012	2013	2014
Pascua Yaqui	Speak only English	47.5%	45.0%	47.2%	47.9%	49.5%
	Speak a Language Other Than English	52.5%	55.0%	52.8%	52.1%	50.5%
	<i>Spanish or Spanish Creole</i>	47.4%	49.3%	47.1%	47.0%	44.9%
	<i>Other Languages</i>	5.1%	5.7%	5.1%	4.6%	4.9%
Pima County	Speak only English	71.8%	71.7%	71.6%	71.5%	71.4%
	Speak a Language Other Than English	28.2%	28.3%	28.4%	28.5%	28.6%
	<i>Spanish or Spanish Creole</i>	23.4%	23.5%	23.5%	23.5%	23.7%
	<i>Other Languages</i>	1.1%	1.2%	1.2%	1.2%	1.2%
Arizona	Speak only English	72.9%	72.9%	73.1%	73.2%	73.2%

¹¹ ACS 5 Year Estimates Table S0101

¹² ACS 5 Year Estimates Table S1601



Speak a Language Other Than English	27.1%	27.1%	26.9%	26.8%	26.8%
Spanish or Spanish Creole	20.7%	20.7%	20.6%	20.4%	20.5%
Other Languages	2.5%	2.5%	2.4%	2.5%	2.5%

The native language of the Yaqui people, Yoeme, is considered “definitely in danger” according to the UNESCO *Atlas of the World’s Languages in Danger*.¹³ A survey of the Pascua Yaqui Pueblo community was conducted at a Tribal Christmas party on December 21, 2013, to address the knowledge of the native language among different generations. A total of 46 surveys were completed. Figure 7 below shows that very little Yoeme is understood or spoken as the primary language in the home; Yoeme was the primary language spoken at home for only 5.6% of survey respondents. The findings from the survey also suggests that few elders or grandparents are available to pass on the language. As shown in Figure 8, 39.1% of respondents indicated that their grandparents speak or understand Yoeme fluently. As a result, the Language and Culture Center was created to develop programs dedicated to offering community support in learning the Yoeme language and traditional ways of life.

Figure 7. Primary Language Spoken in Your Home

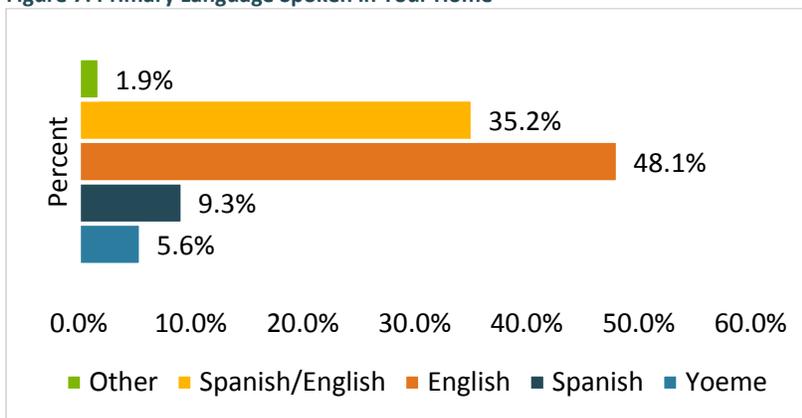
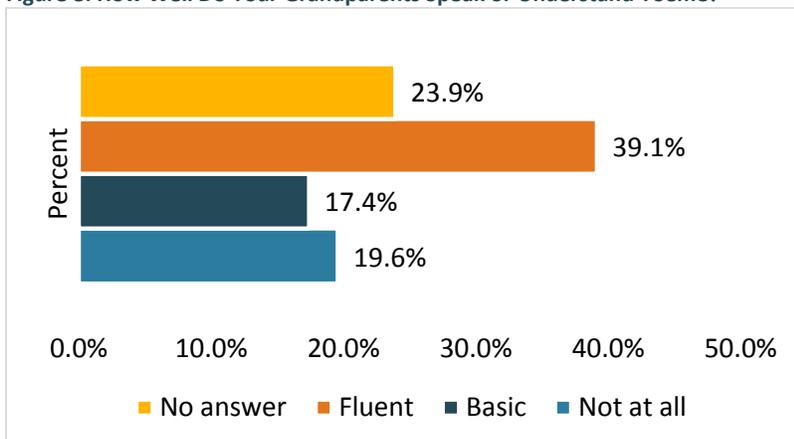


Figure 8. How Well Do Your Grandparents Speak or Understand Yoeme?



¹³ UNESCO Atlas of the World’s Languages in Danger



ECONOMIC OPPORTUNITY





Income

According to the US Census Bureau, a family is defined as two or more people related by birth, marriage, or adoption residing in the same housing unit. However, a household is defined as all individuals living in a housing unit regardless of their relationship to one another¹⁴. As shown in Figure 9, the median annual household and family incomes for Pascua Yaqui residents is well below that of residents living in Pima County and the state of Arizona as a whole.

Figure 9. Median Annual Household/Family Income¹⁵

Area	Household /Family	ACS Estimates				
		2010	2011	2012	2013	2014
Pascua Yaqui	Household	\$31,875	\$33,846	\$28,846	\$27,984	\$27,031
	Family	\$33,234	\$34,674	\$28,952	\$28,490	\$28,324
Pima County	Household	\$45,521	\$46,341	\$46,443	\$45,841	\$46,233
	Family	\$57,377	\$58,399	\$58,437	\$57,757	\$58,113
Arizona	Household	\$50,448	\$50,752	\$50,256	\$49,774	\$49,928
	Family	\$59,840	\$60,237	\$59,563	\$58,897	\$59,088

Unemployment

Between 2011 and 2014, the annual average unemployment rates for Pascua Yaqui have been steadily decreasing. However, they remain much higher than the unemployment rates for Pima County and the state of Arizona.

Figure 10. Pascua Yaqui Annual Average Unemployment Rates¹⁶

Area	2011	2012	2013	2014
Pascua Yaqui	24.1%	24.5%	24.2%	22.2%
Pima County	9.2%	10.1%	10.9%	10.8%
Arizona	8.9%	9.8%	10.4%	9.9%

Employment

The Pascua Yaqui Tribe entities employ mostly Tribal members. Figure 11 shows that 71.3% of Pascua Yaqui Tribe Employees are enrolled tribal members, 4.2% are other tribal members (enrolled in another Tribe or kin of a Tribal member), and 24.5% are non-tribal. Figure 12 details the age distribution of those Pascua Yaqui Tribe Employees, showing that the majority of Enrolled Tribal members employed by the Pascua Yaqui Tribe are 30-39 years of age.

¹⁴ The United States Census Bureau

¹⁵ ACS 5 Year Estimates Table DP03

¹⁶ ACS 5 Year Estimates Table DP03



Figure 11. Tribal Status of Pascua Yaqui Tribe Employees¹⁷

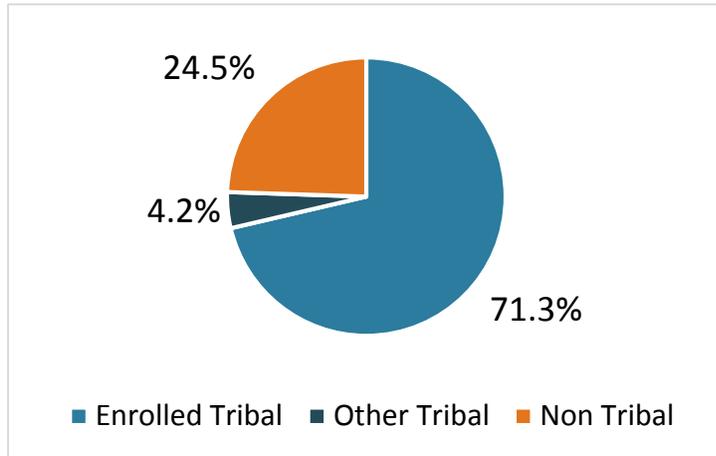
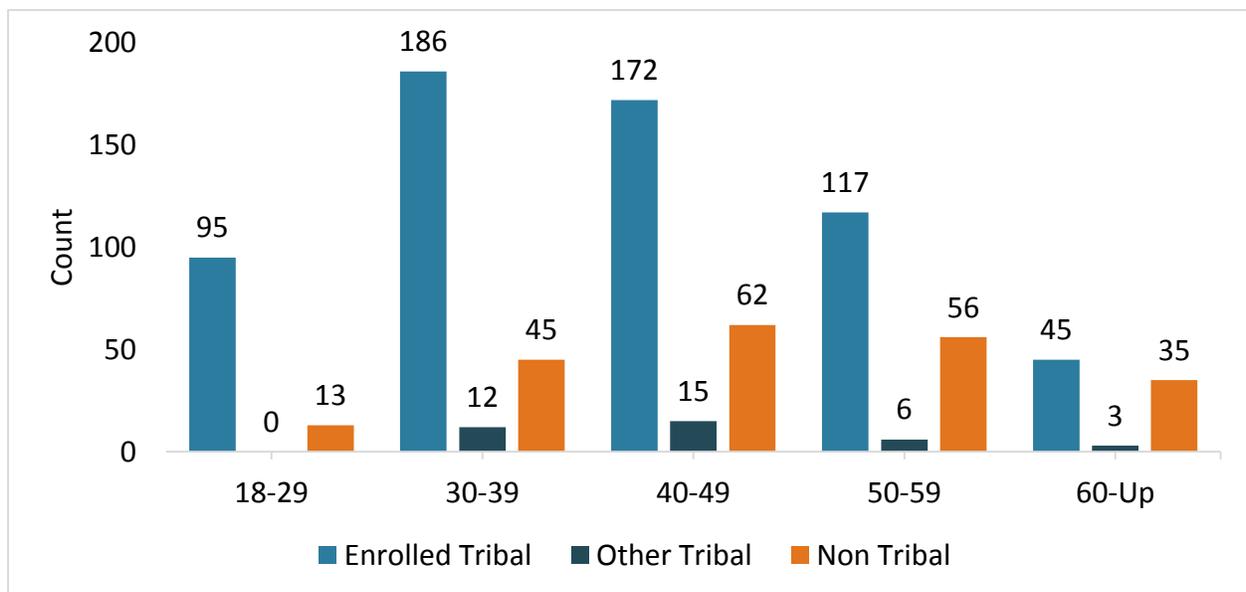


Figure 12. Age Distribution and Tribal Status of Tribal Employees



¹⁷ Pascua Yaqui Tribe Human Resources Department



Poverty

The federal poverty level is one way to measure poverty among individuals and communities. Federal poverty level is calculated using a person's household size and income and is often used to help determine eligibility for federal programs and benefits. Many federal programs require an income between 100-400% of federal poverty level. Each year, the federal government releases new guidelines. The figure below displays the current Federal poverty guidelines for the year 2014.

Figure 13. 2014 Federal Poverty Guidelines¹⁸

Household Size	100%	150%	200%
1	\$11,670	\$17,505	\$23,340
2	\$15,730	\$23,595	\$31,460
3	\$19,790	\$29,685	\$39,580
4	\$23,850	\$35,775	\$47,700
5	\$27,910	\$41,865	\$55,820

As seen in the figure below, the rate of those living below poverty level within the Pascua Yaqui community has increased approximately 7% between 2010 and 2014. These poverty rates are much higher than the poverty rates seen in Pima County and Arizona as a whole, and they are increasing more rapidly.

Figure 14. Poverty Rates for Pascua Yaqui Community, Pima County, and Arizona¹⁹

Area	Level	ACS 2010	ACS 2011	ACS 2012	ACS 2013	ACS 2014
Pascua Yaqui	Below 100 Percent Of Poverty Level	39.4%	40.1%	44.4%	46.6%	46.3%
	Below 150 Percent Of Poverty Level	56.2%	55.3%	58.4%	63.3%	62.8%
	Below 200 Percent Of Poverty Level	70.0%	70.2%	72.7%	75.8%	73.8%
Pima County	Below 100 Percent Of Poverty Level	16.4%	17.4%	18.5%	19.2%	19.0%
	Below 150 Percent Of Poverty Level	27.0%	28.2%	29.4%	30.2%	30.2%
	Below 200 Percent Of Poverty Level	37.1%	38.0%	39.1%	40.0%	40.2%
Arizona	Below 100 Percent Of Poverty Level	15.3%	16.2%	17.2%	17.9%	18.2%
	Below 150 Percent Of Poverty Level	25.3%	26.5%	27.8%	28.7%	29.2%
	Below 200 Percent Of Poverty Level	35.0%	36.1%	37.5%	38.6%	39.2%

Education

The primary schools that educate Pascua Yaqui children include Frances J. Warren Elementary School, John E. White Elementary School, Harriet Johnson Primary School, Anna Lawrence Intermediate School, and Vesey Elementary School. Young children aged 3 to 4 years old who receive an early childhood education, typically through nursery school or preschool, are more

¹⁸ U.S. Department of Health and Human Services

¹⁹ ACS 5 Year Estimates Table S1701



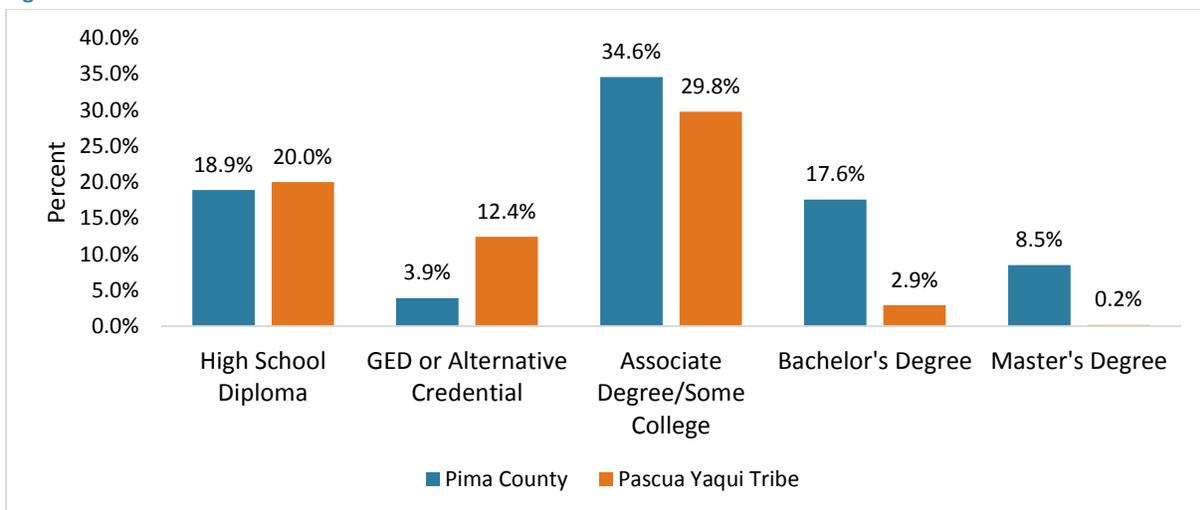
likely to graduate from high school and live healthier lives. Figure 15 shows the percentage of young children enrolled in a nursery school or preschool in Pascua Yaqui, Pima County, and Arizona. Between 2010 and 2014 the percentage of children living on Pascua Yaqui Tribal lands enrolled in an early child education program has remained higher compared to Pima County and Arizona.

Figure 15. Percent of Children (aged 3-4) Enrolled in Nursery School/Preschool²⁰

AREA	ACS 2010	ACS 2011	ACS 2012	ACS 2013	ACS 2014
Pascua Yaqui	43.5%	42.6%	38.8%	38.7%	51.8%
Pima County	34.2%	37.1%	36.1%	36.8%	39.3%
Arizona	34.2%	34.5%	33.9%	35.4%	35.9%

Examining the ACS 2014 estimates of individuals 25 years and older, 20.0% of the general population of the Pascua Yaqui Tribe has earned a high school diploma while 18.9% of the general population of Pima County have earned a high school diploma. As for higher education for the Pascua Yaqui Tribe, 29.8% have received an associate degree or some college, 2.9% have earned a Bachelor’s Degree, and less than 1% has received a Master’s Degree.

Figure 16. Education Attainment for Individuals 25 Years and Older²¹



²⁰ ACS 5 Year Estimates Table S1401

²¹ACS 5 Year Estimates Table B15003



ENVIRONMENT





Natural Environment

The Pascua Yaqui Tribe was recognized by the federal government in 1978 and was deeded 202 acres of land. These 202 acres were considered the beginning of the tribal community now known as New Pascua. In 1994, the federal government granted the Yaqui people “Historic Status”; the same status as all other federally recognized Indian Tribes. This conferred political sovereignty upon the Pascua Yaqui Tribe. A progressive people, the Yaqui acquired land under federal regulations, and the reservation now covers 2,216 acres. The Tribe also owns several thousand non-reservation acres.

The Pascua Yaqui Pueblo lies in the Black Wash, a 100-year FEMA designated floodplain, with numerous culverts and drainage ditches crossing the community. The Pascua Yaqui Pueblo is crossed by two watersheds: the Upper Santa Cruz River and the Brawly Wash watershed.

Cultural Environment

The Pascua Yaqui Tribe successfully blends ancient traditions with modern life. The Yaquis weathered the Spanish invasion, merged many of their traditions with Catholic services, and still revere their deer dancer and related religious ceremonies.

Each year members of the Pascua Yaqui Tribe gather at Pascua Yaqui Pueblo on September 18 to commemorate Recognition Day with a day-long celebration that includes a Catholic mass, traditional Tribal ceremonies, the crowning of Miss Pascua Yaqui, and entertainment for young and old alike. Tribal members from as far away as Fresno, California, attend the festivities.

Built Environment

The term “built environment” refers to the human-made surroundings that provide the setting for human activity which ranges in scale from buildings and green space to neighborhoods and cities. Built environment often includes supporting infrastructure such as water supply and energy networks. In recent years, public health research has expanded the definition of built environment to include healthy food access, community gardens, “walkability,” and “bikeability.”

Recreational Assets

Recreation programs enhance the quality of life through personal, community, and economic benefits. Recreation programs help people live longer, prolong independent living for seniors, reduce the risk of disease, and enhance overall health and well-being. Recreation reduces stress, builds self-esteem, and reduces self-destructive and antisocial behaviors in youth. Recreation builds pride in a community. It also reduces health care costs.

The Pascua Yaqui Tribe has constructed a 25,400 square foot community facility at Pueblo Park containing two (8,000 square foot) gymnasiums, an aerobic room, a boxing gym, basketball courts, meeting rooms, a commercial kitchen for classes, a mosaic art studio, and two swimming pools. Pueblo Park consists of 20 acres of baseball fields and an open park area, playgrounds, basketball/volleyball courts, a skate park, walking trails, picnic areas, a playground, and horse stables. This area is used as a community meeting area and is the center



of activity for major community celebrations. Additionally, the Tribe’s Housing Department has establishment of pocket parks in their housing areas which include playgrounds for children.

Transportation, Roadways and Walkways

The Pascua Yaqui Tribe has a Tribal Transportation Program Agreement with the Bureau of Indian Affairs for comprehensive transportation planning, research, design, engineering, construction, maintenance of highway, road, bridge, parkway, or transit facility programs or projects that are located on, or which provide access to, the Pascua Yaqui Indian Reservation. The Tribe is also a contributing jurisdiction to the Pima County Government’s Transportation Improvement Plan (TIP).

Public transportation is important for ensuring public health as it allows people to travel to and from healthcare facilities for medical check-ups and appointments. Low-income, elderly, and disabled persons may face challenges in obtaining necessary healthcare if public transportation does not exist or is inadequate. As shown in Figure 17, differing area transportation scores indicate the need for improved transportation: the higher the score, the less opportunity for transportation and greater need for an improved transportation system for better healthcare access. The transportation score on Pascua Yaqui Tribal lands is higher than the transportation scores for both Pima County and Arizona. Thus, Pascua Yaqui Tribal lands have a greater need for improved transportation.

Figure 17. Area Transportation Scores²²

AREA	Transportation Score
Pascua Yaqui	178
Pima County	93
Arizona	150

The Tribe’s recent roadway project is the extension of Ignacio Baumea road from Los Reales Road to Valencia Road. This will improve a distance of approximately one mile and improve the mobility and accessibility of Calle Torim approximately one mile. The road project provides for both vehicular, bicycle, and pedestrian traffic by incorporating a 10 foot wide multi-use path, a vertical curb on the north edge of the roadway, 3 new bus bays, 6-ft bicycle lanes, a tree canopy, landscaping, improved drainage conveyance, on street back-in parking at the Boys and Girls Club, and street lighting and sidewalks. These improvements are predicted to result in improved wellness and a more safely lit route within the community. Pascua Yaqui Mosaic Tile Project *“Beautifying the Tribe one piece at a time”* is displayed along the route on Ignacio Baumea Road which displays visual art mosaic panels.

²² 2011 Pima County Community Health Assessment



Community Services and Resources

The Pascua Yaqui Tribe has a two story, 39,000 square foot facility that houses all education, language, and culture programs which was built in 2013. The building includes Education administrative offices, three classrooms, a large meeting room, a library, the language and culture department, an Intel clubhouse with music studio, and a traditional arts studio.

The Pascua Yaqui Tribe built a Multi-Purpose Justice Center, approximately 78,067 square feet, in 2009. This building houses the Law Enforcement Department, Courts, Prosecutor’s Office, and the Attorney General’s Office. This facility includes a twenty bed detention holding facility and space for alternative programs for behavioral health, education, mental health, and treatment. An Animal Control Shelter is also housed in this facility. The operations of this facility reduce the daily inmate population, allowing for treatment opportunities for inmates, alternative sentencing options for the courts, reduced recidivism, and creation or preservation jobs.

The figure below displays the distance from the Pascua Yaqui Tribal lands to different community services. Access to different services, whether it be a grocery store or a pharmacy, impact the overall health of a community. The long distances to reach certain services coupled with the high public transportation score outlined in Figure 18 indicate that the Pascua Yaqui community lacks adequate access to important community services.

Figure 18. Pascua Yaqui Indian Reservation Proximity to Different Community Services

Community Services	Name	Distance from Health Department (miles)
Public Bus Stop	Sun Tran	0.1 West
		0.2 East
Major Employers / Employment Centers	Pascua Yaqui Tribe Government	0.5 East
	Casino Del Sol Hotel & Resort	2.0 Northwest
	Casino of the Sun	0.5 Northwest
Convenience Store	Del Sol Marketplace	1.5 Northwest
	Circle K	1.9 North
Grocery Store	Safeway	3.8 Northeast
	Walmart Neighborhood Market	3.8 Northeast
Discount Department Stores	Family Dollar Store	1.8 North
	Walmart Supercenter	5.6 East
Schools: Elementary Middle/Junior High High School	Johnson Elementary School	2.1 North
	Pistor Middle School	5.4 East
	Haiki High School	0.3 Northwest
Hospital / Urgent Care	El Rio Pascua Clinic	0.0 site
	El Rio Southwest Clinic	3.9 Northeast
	University Physicians Hospital	13.0 Northeast
Pharmacy	El Rio Pascua Pharmacy	0.5 East
	Walgreens	3.6 Northeast
	CVS Pharmacy	2.5 Northeast



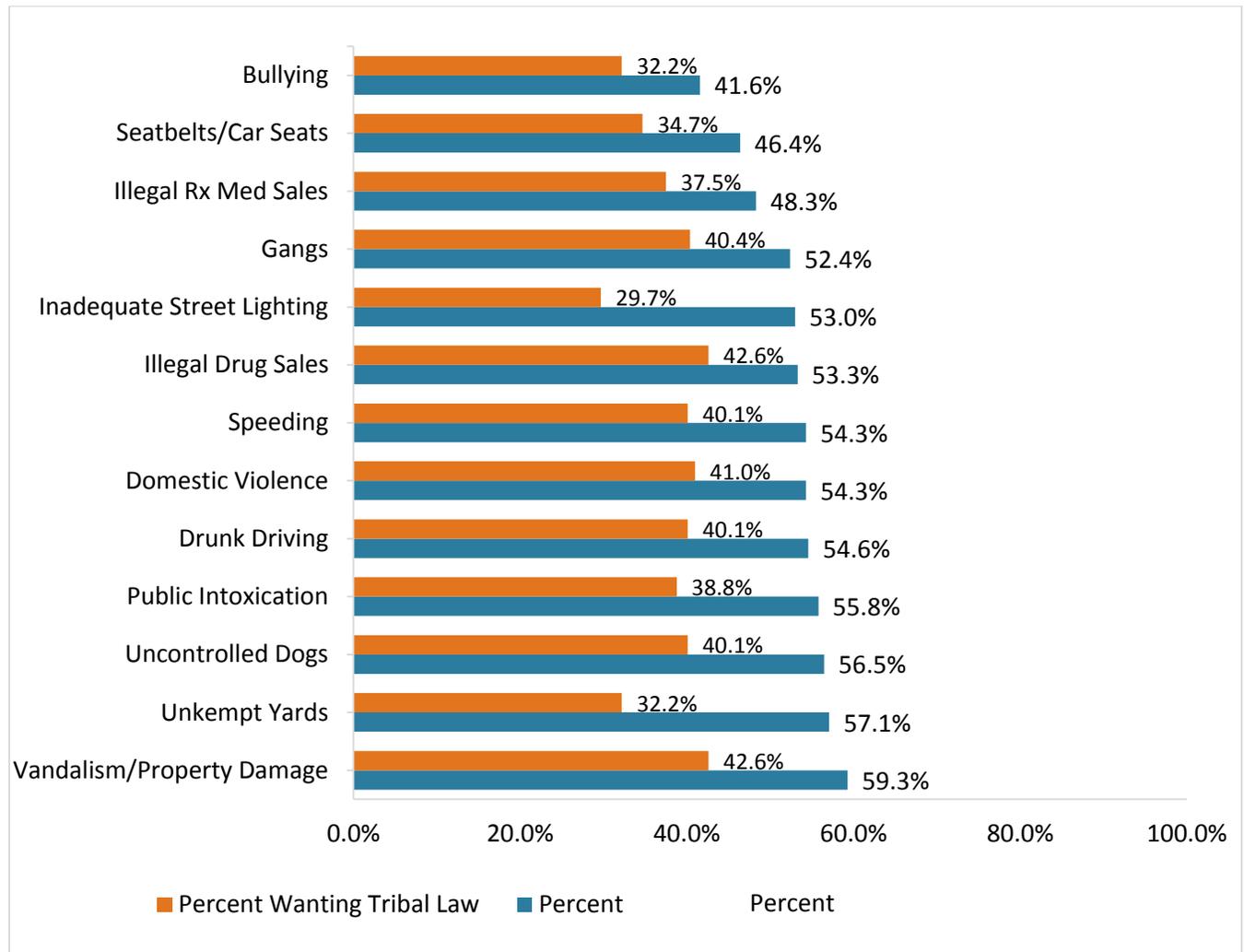
	Safeway Pharmacy	3.8 Northeast
Recreation Facilities /Parks	Pascua Yaqui Wellness Center /Pascua Pueblo Park	0.1 South
Library	Pascua Yaqui Education Center / Dr. Fernando Escalante Community Library and Resource Center	0.5 West
Police	Pascua Yaqui Police Department	0.4 South
Fire	Pascua Yaqui Fire Department	0.4 South

Proposed Policy Changes to Improve Health

In the following responses from the *Gathering Hiaki Voices for Wellness* survey, respondents were asked to identify certain environmental issues that affect the quality of life and health of the reservation community. Figure 19 indicates the percent of respondents who identified the issue as a problem (shown in the blue bars), and the percent of respondents who want a law or tribal ordinance put in place to directly address the issue (shown in the orange bars). Vandalism or property damage was perceived as the most prominent community environmental issue, closely followed by unkempt yards, uncontrolled dogs, and public intoxication. However, more survey respondents want a tribal policy for vandalism or property damage, illegal drug sales, and domestic violence.



Figure 19. Survey Question 8, Which Community Environmental Issues Affect Quality of Life, and Would You Like To See Tribal Policies on These Issues?



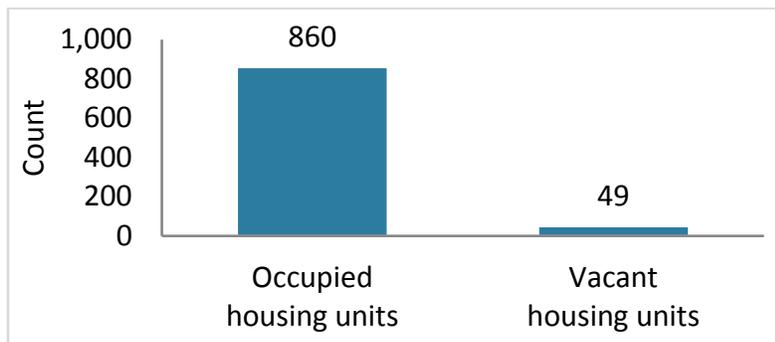
Housing

According to the Housing Market Demand Study conducted by Bowen National Research, there are 509 households on the Pascua Yaqui Tribe’s Housing Department’s wait list in line to move into a renovated or new house on the reservation²³. Households on the wait list are currently living in overcrowded housing situations on and off the reservation. The ACS 2013 estimates show that 860 of the available 909 of the available housing units are occupied. According to the Pascua Yaqui Tribe Housing Department, there are only 12 houses currently vacant. Housing vacancies are due to eviction, families moving out, or the need for substantial renovations.

²³ Housing Market Demand Study conducted by Bowen National Research



Figure 20. Housing Occupancy for Pascua Yaqui Tribe²⁴



²⁴ ITCA's Community Health Profile Draft



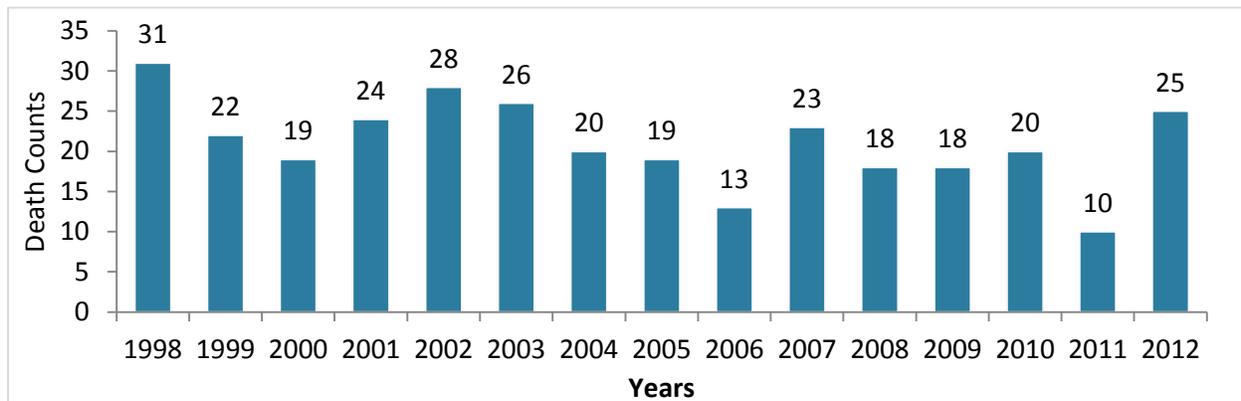
MORTALITY





According to the Arizona Department of Health Services (ADHS),²⁵ total death counts of the Pascua Yaqui Tribal members from 1998 through 2012 are provided in Figure 21. These numbers are lower than the accurate death counts as understood by local community leaders and the burial assistance service run through the Pascua Yaqui Department of Social Services. This department reported 59 funeral services in 2015 and 56 funeral services so far in 2016²⁶, which demonstrates the discrepancies between primary and secondary data sources.

Figure 21. Death Counts for Pascua Yaqui Tribal Members on Tribal Lands



Data from the ADHS provided information for the top five leading causes of death for AI/AN population in Arizona in 2013²⁷:

- (1) Heart disease (123 deaths per 100,000);
- (2) Cancer (101 per 100,000);
- (3) Unintentional injury (95 per 100,000);
- (4) Diabetes (80 per 100,000); and
- (5) Chronic liver disease & cirrhosis (59 per 100,000).

Cancer Mortality

The ADHS Community Profiles Dashboard²⁸ found that the Pascua Yaqui Tribe has a statistically significant higher mortality rate for any type of cancer when compared to other primary care areas in Arizona.

Figure 22. Primary Care Areas with Statistically Higher Cancer Mortality Rates, 2013²⁹

Leading Cause of Death	Primary Care Area			
Cancer (any type)	Pascua Yaqui Tribe	Tohono O’odham Nation	Tucson East	Tucson South

²⁵ ADHS, Population Health and Vital Statistics. Health Status Profile of American Indians in Arizona: 2013 Data Book

²⁶ Pascua Yaqui Department of Social Services

²⁷ ADHS, Office of Vital Statistics

²⁸ ADHS Community Profiles Dashboard

²⁹ 2015 Pima County Community Health Assessment



Similar to the findings above from ADHS, data below from the PYHSD found that cancer was the most frequent cause of death during the years 2007 through 2009³⁰. Recent data regarding the leading causes of death requires more time for analysis due to reasons mentioned in the Data Sources section of the Introduction.

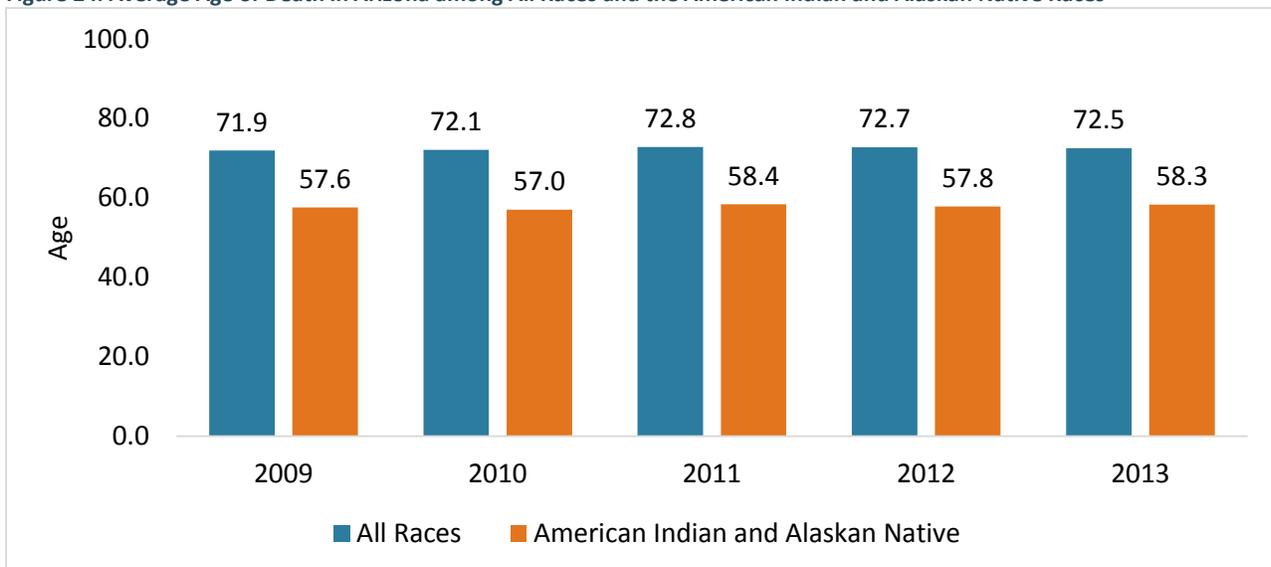
Figure 23. Leading Causes of Death (2007-2009 Combined)

Cause	Frequency
Cancer (any type)	13.2%
Unknown causes	7.2%
Sepsis	5.8%
Assault from a Firearm	5.0%
Diabetes	4.3%
Liver Cirrhosis (alcohol induced)	4.3%
Myocardial Infraction (heart attack)	2.9%

Average Age at Death

As shown in Figure 24, the average and median years of age at death are much lower for the American Indian and Alaskan Native population as compared to the average of All Races.

Figure 24. Average Age of Death in Arizona among All Races and the American Indian and Alaskan Native Races³¹

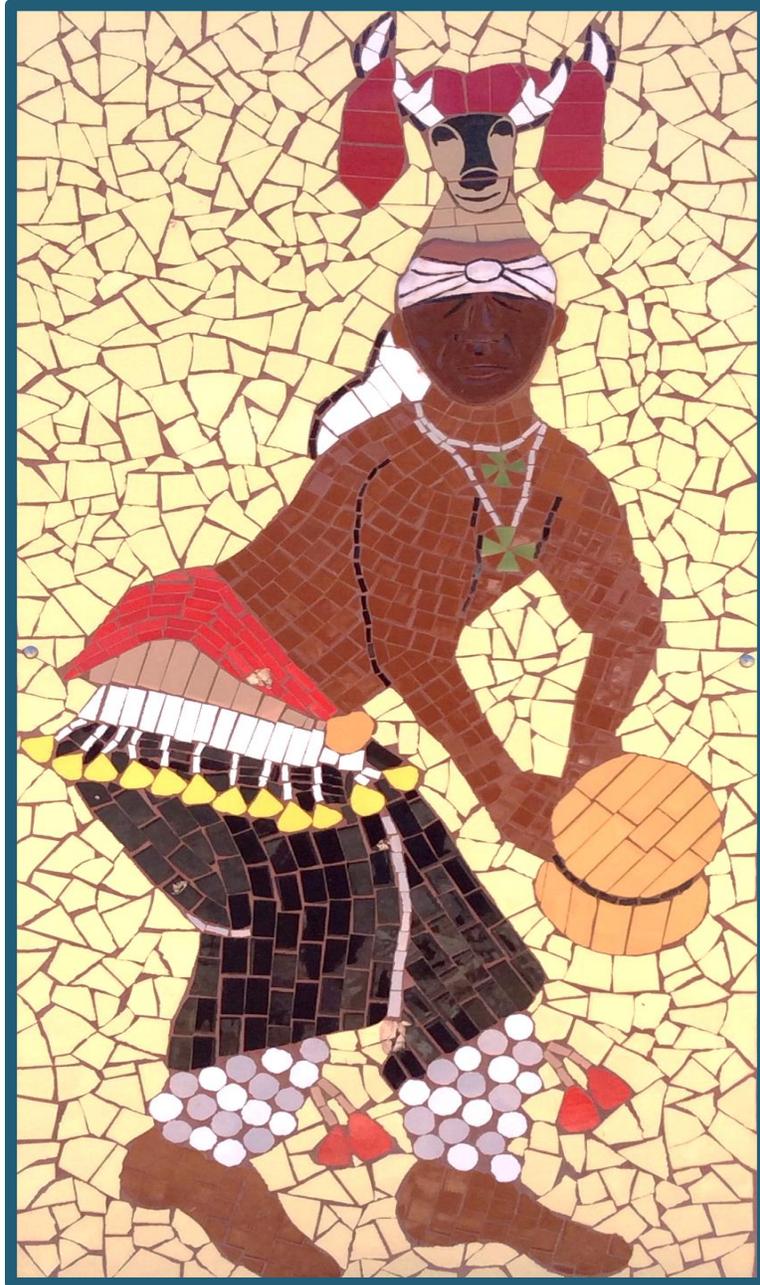


³⁰ PYHSD

³¹ ADHS Table 2D-1



ACCESS TO CARE



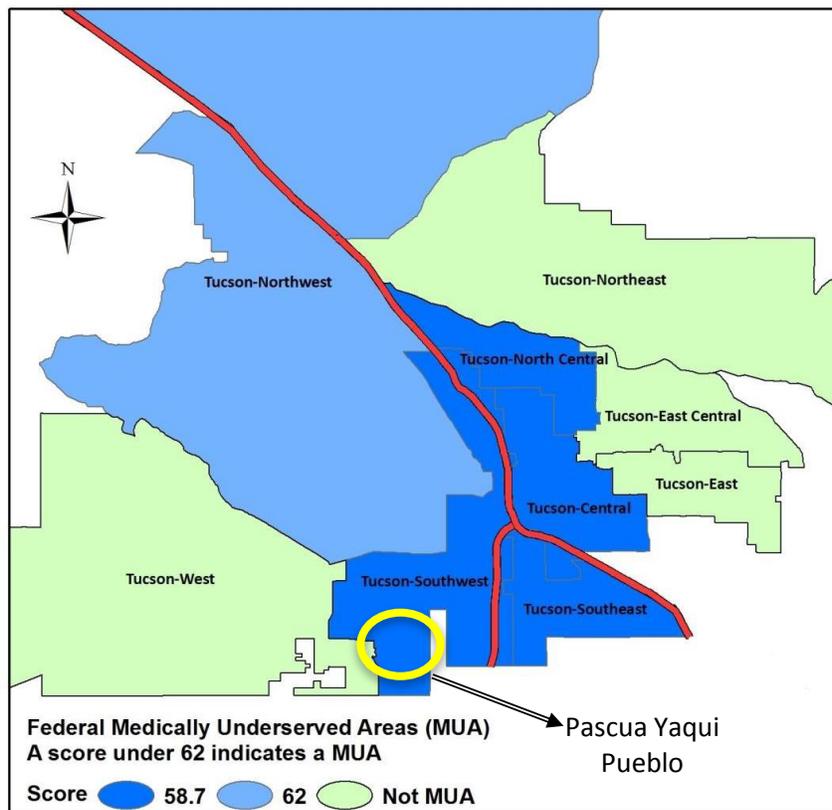


Arizona Primary Health Care Professional Shortage Area (HPSA) & Medically Underserved Area (MUA)³²

A Health Care Professional Shortage Area (HPSA) is an area considered to have a shortage of dental, mental, and primary health care providers. Once an area is designated as a HPSA, that area becomes eligible for federal programs aimed at increasing access to healthcare services to underserved communities. Pima County, including Pascua Yaqui Pueblo, is designated as a HPSA.

A Medically Underserved Area (MUA) is an area considered to be lacking in the number of medical services and medical providers relative to the population of the area. Pima County is also designated as a MUA. As shown in Figure 25, Pascua Yaqui Pueblo is also considered to be a MUA.

Figure 25. Medically Underserved Areas (MUAs) in the Tucson Area³³



Primary Care Providers

Primary care providers (PCPs) are healthcare practitioners, such as doctors, physician assistants or nurse practitioners. PCPs are important players in ensuring public health as they treat people

³² 2011 Pima County Community Health Assessment

³³ 2011 Pima County Community Health Assessment

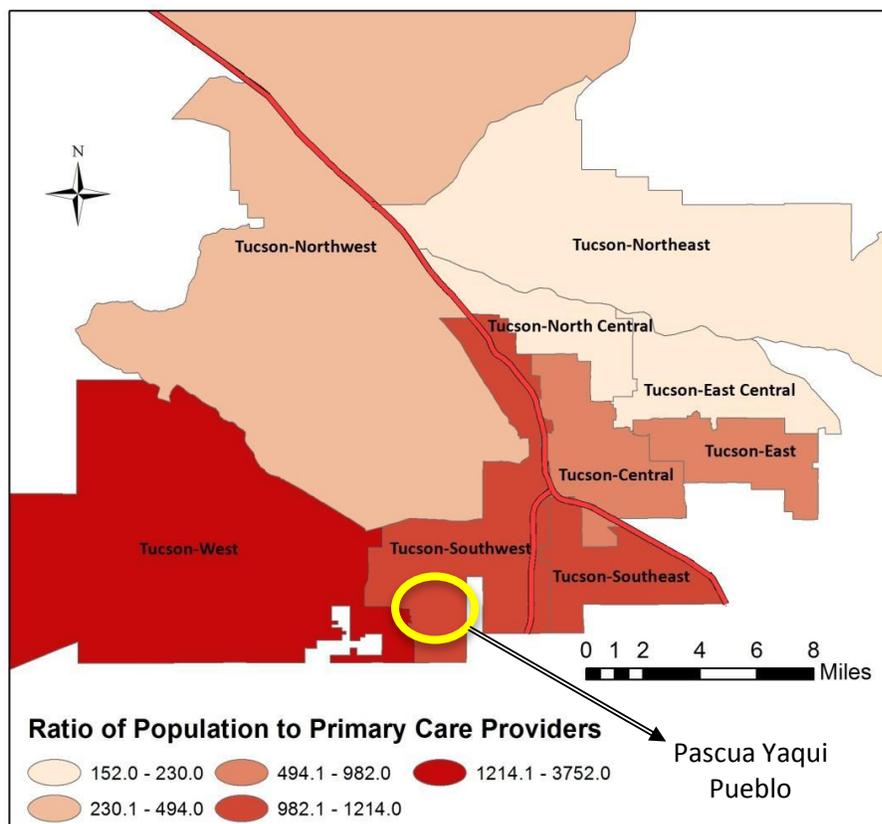


who are experiencing a wide variety of common, non-emergency health problems and preventative services. In order to ensure anyone experiencing such a health problem is able to see a PCP in a timely matter before the health condition worsens, it is important to have a reasonable population to PCP ratio. As seen in Figure 26 and Figure 27 below, the ratio of population to PCP in Pascua Yaqui is 1190:1, meaning for every 1,190 people in Pascua Yaqui there is one PCP. This ratio shows that PCPs serving the Pascua Yaqui community spread their time and services to more than three times as many patients as the PCPs in Pima County where the ratio is 369 people to each PCP.

Figure 26. Population to Primary Care Provider (PCP) Ratio³⁴

AREA	RATIO Population: PCP
Pascua Yaqui	1190:1
Pima County	369:1

Figure 27. Primary Care Provider to Population Map³⁵



³⁴ 2015 Pima County Community Health Assessment

³⁵ 2011 Pima County Community Health Assessment



Financing Care

Arizona Health Care Cost Containment System

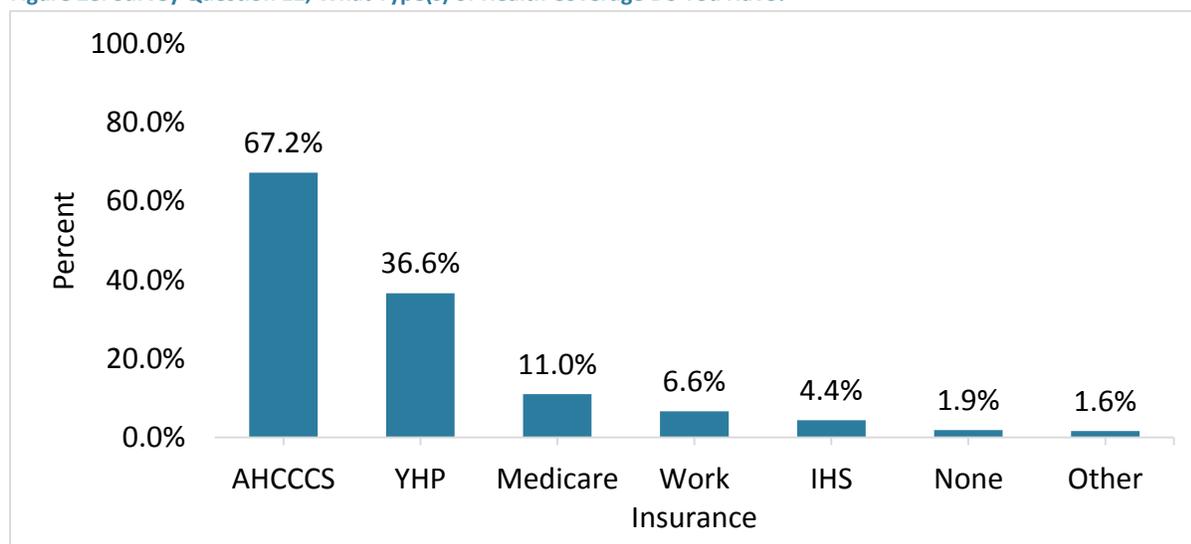
Arizona Health Care Cost Containment System (AHCCCS) is the state's Medicaid healthcare insurance program. Medicaid is a federal and state run healthcare program offered to low-income citizens.

Yoeme Health Program

The Yoeme Health Program (YHP) is a last-resort healthcare insurance program offered to Pascua Yaqui tribal members located in Pima County who are not eligible for AHCCCS or other alternative health care programs.³⁶ This health program is funded through federal Indian Health Services (IHS) dollars and other resources. This program began in 1980, and in 2011 the Tribe assumed all of the IHS programs under the authority of the Indian Self Determination Act, Public Law 93-638.

According to the *Gathering Hiaki Voices for Wellness* survey, 67.2% of respondents reported using AHCCCS while 36.6% of respondents reported using the Yoeme Health Program. Many clients utilize more than one healthcare insurance program to cover the cost of their services.

Figure 28. Survey Question 12, What Type(s) of Health Coverage Do You Have?



Available Health Services

The Pascua Yaqui Health Services Division (PYHSD) offers tribal members and their dependents (regardless of residence), and any tribal employee a vast array of health services. Figure 29 below lists the 2016 PYHSD programs and services.

³⁶ PYHSD



Figure 29. PYHSD Programs and Services³⁷

Program	Services
Alternative Medicine Program	<ul style="list-style-type: none"> ○ Chiropractor ○ Naturopathic medicine (botanical medicine, homeopathy, nutrition, acupuncture)
Centered Spirit - Behavioral/Mental Health Services	<p>Adult and child services that include managing:</p> <ul style="list-style-type: none"> ○ Depression ○ Grief & Loss ○ Alcohol & Substance abuse ○ Family violence or conflict ○ Social isolation ○ Transition to adulthood ○ Memory problems ○ Sexual Abuse ○ Problems with work or school ○ Transition to elder-hood
Community Health Nursing (CHN) and Community Health Representatives (CHR) Programs	<ul style="list-style-type: none"> ○ Community health nursing services to individuals and families ○ Patient and monitoring care in the home ○ Transportation and escort to medical appointments ○ Medication delivery ○ Maternal child health program ○ CHN case management ○ Dialysis ○ Child Passenger Safety Training
DaVita Dialysis Clinic	<ul style="list-style-type: none"> ○ Staff-assisted hemodialysis (as prescribed) ○ Self-dialysis in selected centers ○ patient and family education ○ social services and dietary evaluation and counseling
Dental Center	<ul style="list-style-type: none"> ○ Comprehensive dental services (excluding orthodontics)
Diabetes Prevention and Treatment Program	<ul style="list-style-type: none"> ○ Diabetes prevention and heart health education ○ Nutritionist ○ Diabetes self-management education ○ Personal goal setting
Diabetes Program Wellness Center	<ul style="list-style-type: none"> ○ Recreational/Fitness Program ○ Basketball gym and pool ○ Fitness room: ○ Diabetes Prevention and Treatment Fitness Program
Drug Testing Program	<ul style="list-style-type: none"> ○ Drug testing ○ Drug and alcohol prevention education
El Rio Pascua Clinic	<p>Outpatient medical services for community members including doctor visits, family practice and pediatrics, routine immunizations and boosters, diagnostic procedures, pharmacy, referrals to specialists.</p>
El Rio Specialty Clinics	<ul style="list-style-type: none"> ○ Cardiology ○ Gynecology ○ Podiatry ○ Physical Therapy ○ Rheumatology ○ Wound Clinic ○ Gastro Intestinal

³⁷ PYHSD



First Things First	For pregnant women and families with children ages 0 to 5, services include: <ul style="list-style-type: none"> ○ Link families with community services ○ Child development training ○ Nutrition and safety education
Hiapsi Kuakte “Change of Heart”	Provides services in Pima County and surrounding areas for PYT members and their families who have been court mandated to domestic violence intervention for felony or misdemeanor offences involving the acts of violence. Self-referrals are also accepted.
HIV/AIDS Prevention Program - Sewa Hamut	<ul style="list-style-type: none"> ○ Intake assessments and screenings ○ Prevention and education, including demonstrations for effective protection ○ Liver transplant evaluation and preparation assistance ○ Needle exchange
Home and Community Based Services (HCBS)	<ul style="list-style-type: none"> ○ Arizona Long Term Care Services (ALTCS) and AHCCCS (Medicaid) ○ Community Health Nurse ○ Attendant Care Provider ○ Home delivered meals ○ Transportation for medical appointments
Injury Prevention and Public Health Emergency Preparedness	<ul style="list-style-type: none"> ○ Home safety evaluations ○ Bike helmet giveaways and fittings
Men’s Pascua Assessment Treatment Healing (PATH)	PATH Program Provides residential treatment services at its reservation facility. It is designed for males over the age of 18 years old who are PYT members or related to PYT members, seeking a quality sober lifestyle.
New Beginnings Clinic	<ul style="list-style-type: none"> ○ Substance abuse counseling ○ Methadone, suboxone, buprenorphine dosing ○ Referrals to psychiatrist, inpatient or residential treatment, psychologist, and hospitalization or detox.
Optical Services	<ul style="list-style-type: none"> ○ Optometrist
Sewa Uusim Circles of Care	<ul style="list-style-type: none"> ○ Services for youth and their families ○ Crisis intervention ○ Youth and family support groups ○ Volunteer program
Transitional Treatment Program	Inpatient transition living housing, includes outpatient alcohol and substance abuse and parenting counseling for PYT tribal members with children on their road to recovery.
Transportation Program	Non-emergency transportation to medical and health providers for members, their spouses and children within the Pima, Marana, and Maricopa Counties.
Women, Infant, and Children	WIC is designed to keep pregnant, breastfeeding, post-partum woman, infants, and children under five, healthy and strong, services include: <ul style="list-style-type: none"> ○ Nutrition education breastfeeding counseling ○ Health referrals ○ Resource education and healthy foods
Yaqui Healers - Traditional Medicine Clinic	Advise and recommend treatments including herbal medicine(s), massages, counseling, ceremonies, spiritual healing, and prayer.
Yoeme Health Plan	Assists eligible tribal members residing in Pima County with health care services: <ul style="list-style-type: none"> ○ Ambulatory care services ○ Inpatient care services



	<ul style="list-style-type: none"> ○ Specialty care services
Yoeme Kari Group Home	<ul style="list-style-type: none"> ○ Substance Abuse Counseling ○ Life Skill Development ○ Transition to adulthood services ○ Community closet

Focus Group Results

In addition to the *Gathering Hiaki Voices for Wellness* survey, a focus group meeting was facilitated by ITCA on June 16th, 2016. The Focus group members consisted of tribal members as well as tribal staff who all live and or work within the Pascua Yaqui Tribe communities. The overall purpose of this focus group was to collect qualitative data about the services provided by the PYHSD. The focus group discussion mainly surrounded issues of accessing health care services provided by the PYHSD.

Focus group respondents were satisfied with “patient advocates from El Rio and patient advocates from the health department,” and “supportive staff”. When asked about communication, respondents were satisfied “when everything goes smoothly, we’re attended to, we get the care that we need, we get our questions answered, and we know what we need to do.” Respondents especially appreciated when providers “carry a conversation and actually listen”, and are “actually talking to you, not the computer.”

Focus group respondents were dissatisfied with the amount of time it takes to get an appointment, and when “no one is answering the phone”. This issue, as well as the following issues, are related to the lack of health staff due to the Pascua Yaqui Tribe being considered a medically underserved area and a primary health care professional shortage area. Respondents shared that “the confusing part, which is what we’ve been dealing with for years, is there is so many things in between that prevent us to go directly into care through El Rio, [...] through specialty appointments, and who’s paying for our bills [...]”. Respondents also shared that the referral process for specialty clinics is very slow: “There are certain referrals you have to set and they give you [an appointment for] three or four months later, and in three or four months you don’t have the issue any more.”

The pharmacy was discussed as another barrier to seeking health care: “When you come [to the pharmacy] there’s only one lady that has an open window that shouts out your name”, and “people see that [there are] four, five, six windows [but] none of them are working.” Also, the pharmacy being closed from 12-1pm is inconvenient for many community members: “A lot of people work. For us who work and live here, [lunch] is the only time we have to get a prescription.” Additionally, the availability of parking was expressed as an issue because employees park in the closer client parking spaces even though “they are constantly getting emailed to utilize employee parking.” Finally, a lapse in coverage between AHCCCS and the Yoeme Health Plan was dissatisfying: “You need to apply [to AHCCCS] so you can get denied and then we’ll cover it. A lot of people won’t fight for that, in reality a lot of people get frustrated.”



The focus group recommended a few changes to improve quality of services. First, cultural sensitivity and training for providers and the community health nursing staff was seen as an opportunity for improvement: “When they go to the home, the clients don’t feel like [nurses] are respecting the [client’s] home. They don’t want to sit down [...], they don’t want to enter the door or come inside. The [nurses] need more cultural sensitivity.” Second, focus group respondents recommended that the pharmacy staff stagger their lunches to keep the pharmacy open from 12-1pm. Third, private spaces were recommended for certain activities such as giving updated AHCCCS information and physical therapy sessions. Fourth, respondents recommended additional staff specifically for elder support and enforcing the staff parking. Finally, additional HIPPA trainings were recommended for all health staff.

The PYHSD will utilize these focus group responses in developing a Strategic Plan and Community Health Improvement Plan. These documents will guide health department leadership in projects that will improve the quality of service for all Pascua Yaqui Tribal members.

Gathering Hiaki Voices for Wellness Survey Results

According to the *Gathering Hiaki Voices for Wellness* survey, Figure 30 shows that 46.3% of survey respondents have visited a provider for a physical exam in the past 6 months, while 13.0% have not seen a provider for a physical exam in two or more years.

Figure 30. Survey Question 2: How Long Has It Been Since You Last Visited A Provider For A Physical Exam?

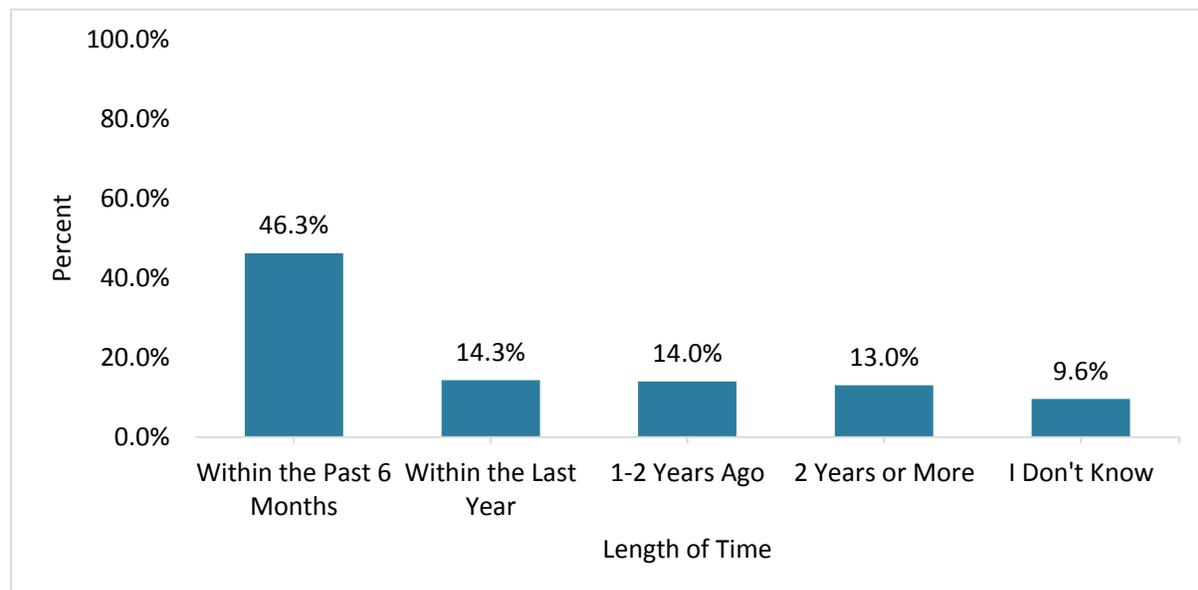
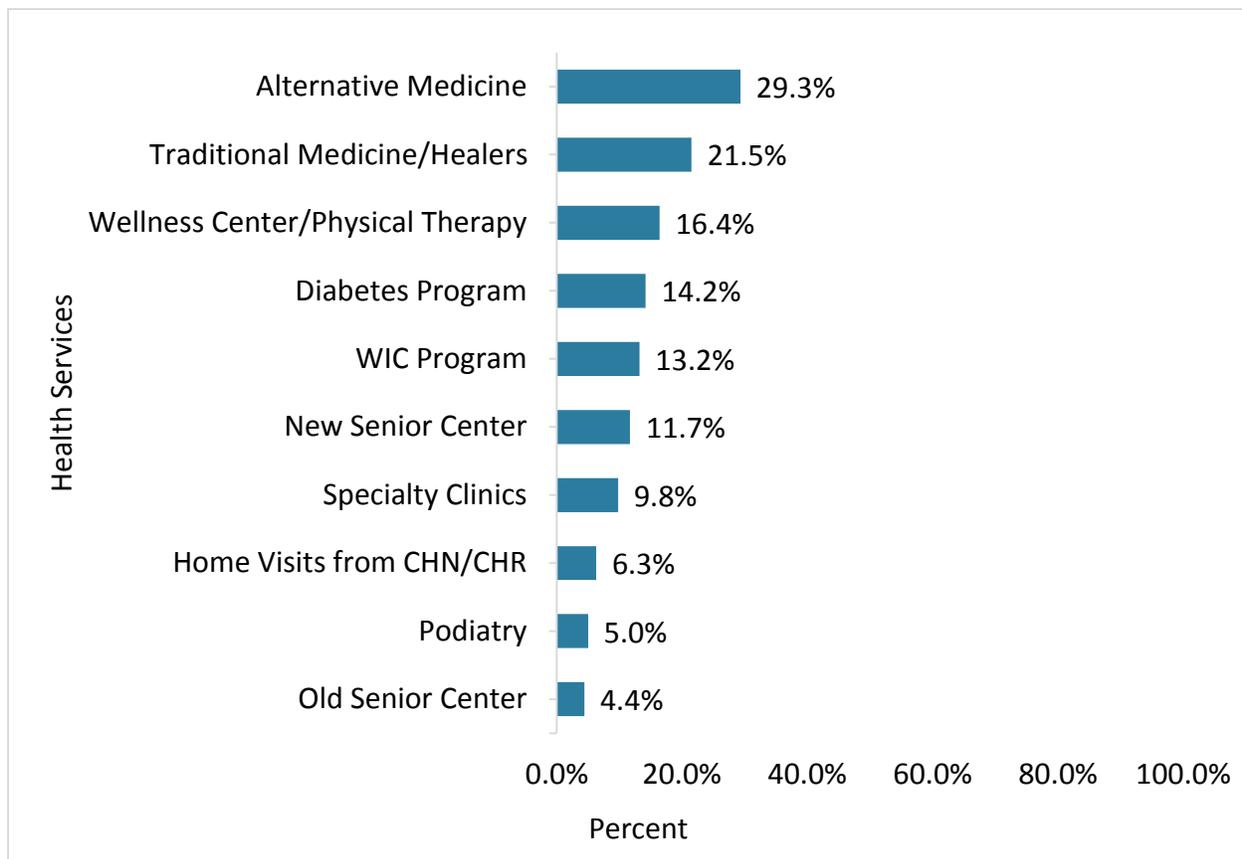




Figure 31 shows which services are being utilized the most by the Pascua Yaqui community for health care. As shown below, 29.3% of the respondents utilize the Alternative Medicine Clinic, followed by 21.5% utilizing Traditional Medicine or Traditional Healers.

Figure 31. Survey Question 6, Where Do You Go Now For Health Care? (Check All That Apply)



One *Gathering Hiaki Voices for Wellness* survey was given to tribal members who had not used health department services, and a different survey was given to tribal members who have used the services. Question 4 of the 330 surveys completed asked either “Why don’t you use the services offered”, or “Why do you use the services offered”. As seen in Figure 32, the top reasons why the survey respondents do use Pascua Yaqui services are because they feel welcome, they trust the medical providers, and they prefer the providers. The top reasons why the survey respondents do not use Pascua Yaqui services are because they don’t feel they need health care, they are not aware of the services available, and they have issues with transportation.



Figure 32. Survey Question 4, Reasons Why You Do or Don't Use Pascua Yaqui Health Services

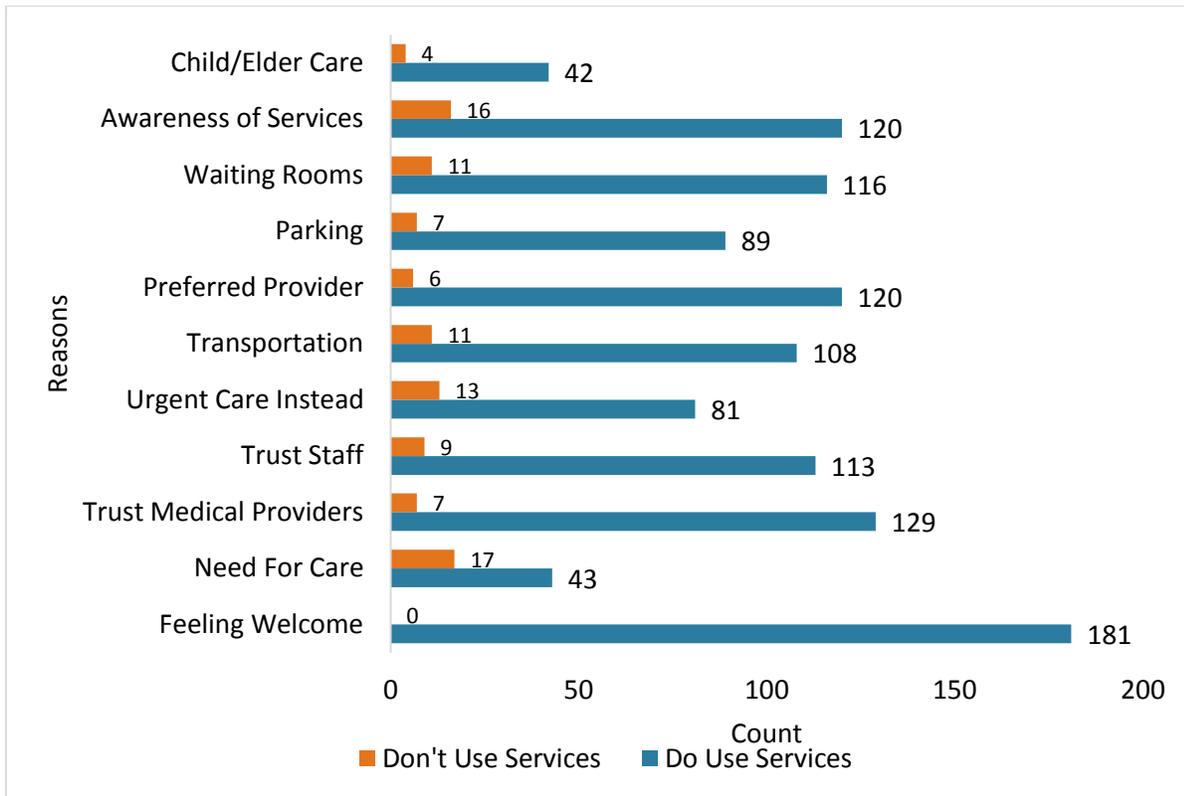
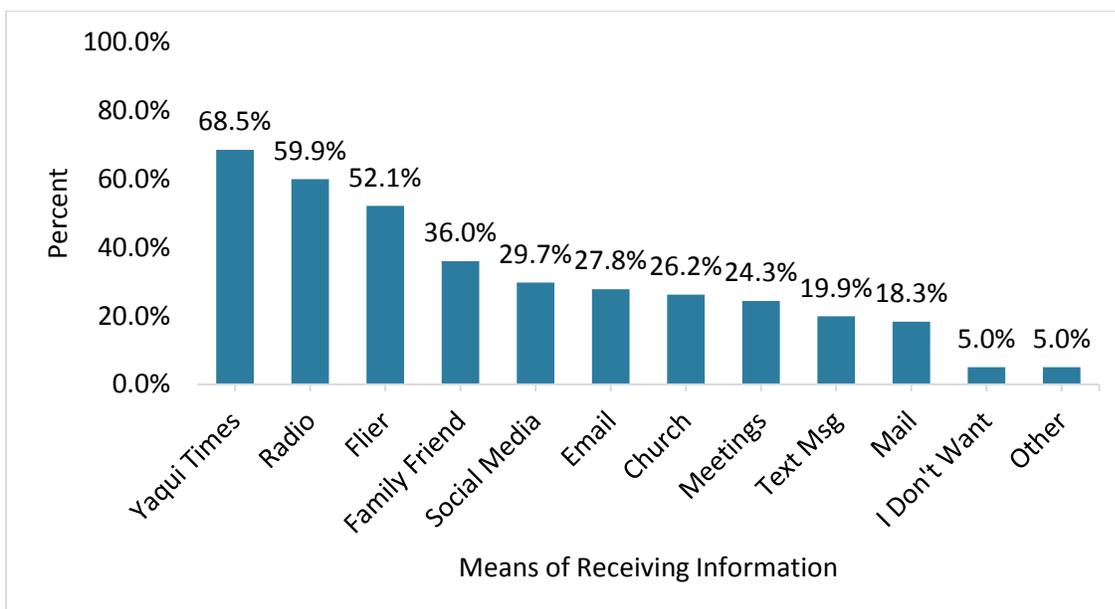


Figure 33 shows how the Pascua Yaqui community would prefer to receive information about health events. Most respondents preferred to have the Yaqui Times as their primary source of information, followed by the radio and fliers.

Figure 33. Survey Question 11, How Would You Like To Receive Information About Health Events?





CHRONIC DISEASE

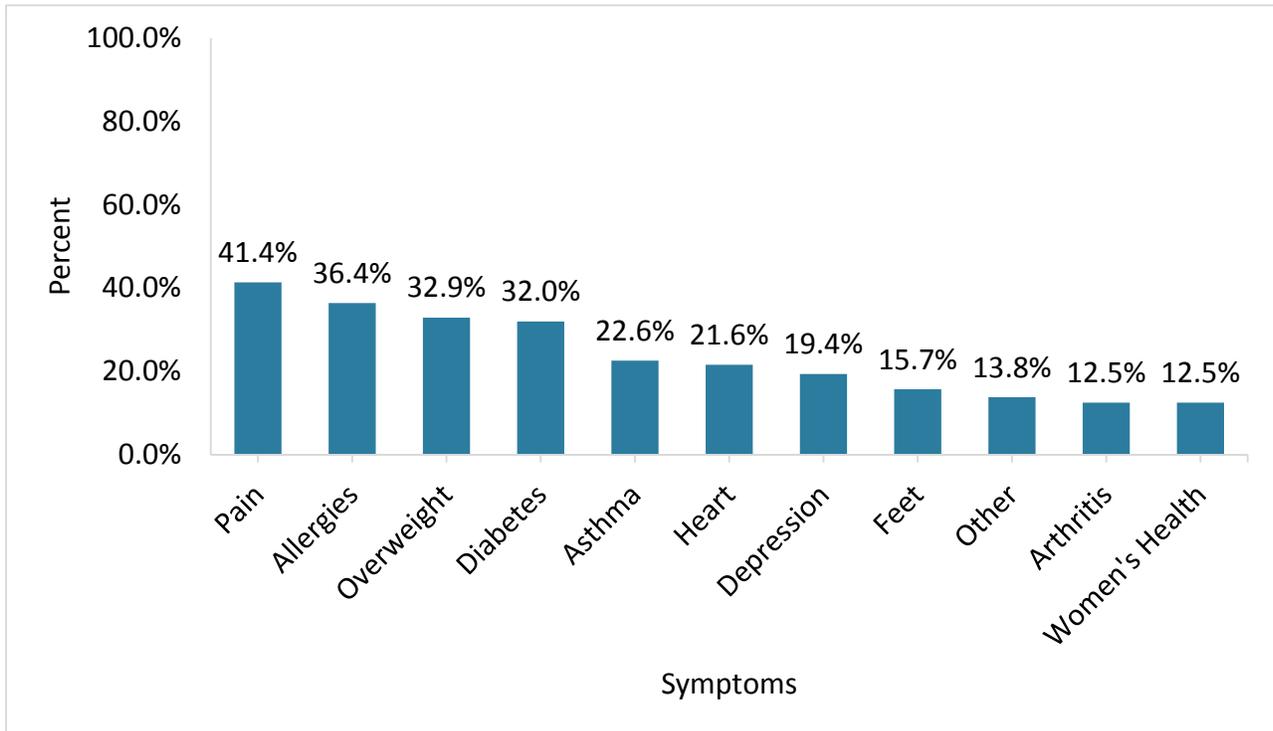




Community Health Status

The following figure displays what aspects of health the community is bothered by most based on responses from the *Gathering Hiaki Voices for Wellness* survey. The top three personal health concerns were pain (41.4%) followed by allergies (36.4%) and overweight (32.9%).

Figure 34. Survey Question 7, Please Tell Us What About Your Health Bothers You The Most

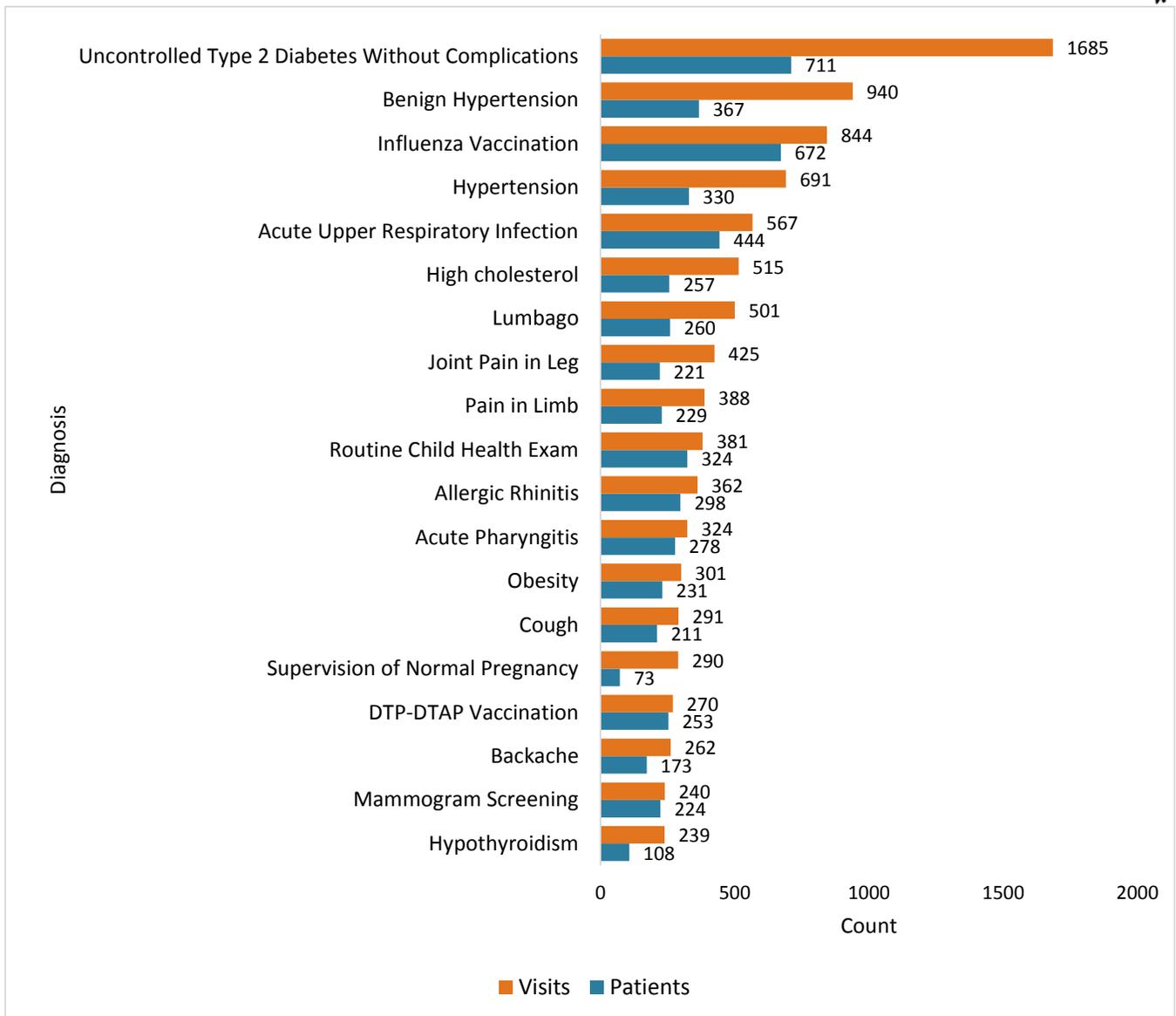


Leading Health Concerns in the Pascua Yaqui community

Many members of the Pascua Yaqui Tribe living in Pima County use the El Rio Pascua Clinic for their health services. According to the El Rio Pascua clinic data from both 2013 and 2014, over 60% of the diagnoses during each year pertained to diabetes-related illnesses. This high usage of diabetes services is reflected in the figure below. The figure also shows that four of the top nineteen diagnoses are pain-related including lumbago, joint pain in leg, pain in limb, and backache. A total of 883 patients utilized 1,576 office visits to address these pain issues. Fiscal Year 2013 shows that while there may be fewer patients for certain diagnoses, they return more frequently and thus increase the frequency that the particular diagnosis code is selected. This trend is common, as can be seen in the figure below, with conditions such as diabetes which may require a single patient to frequently visit their provider.



Figure 35. Top 19 Diagnoses of El Rio Pascua Clinic during Fiscal Year 13³⁸



Top Diagnoses Based on Number of Patient Office Visit (POV)

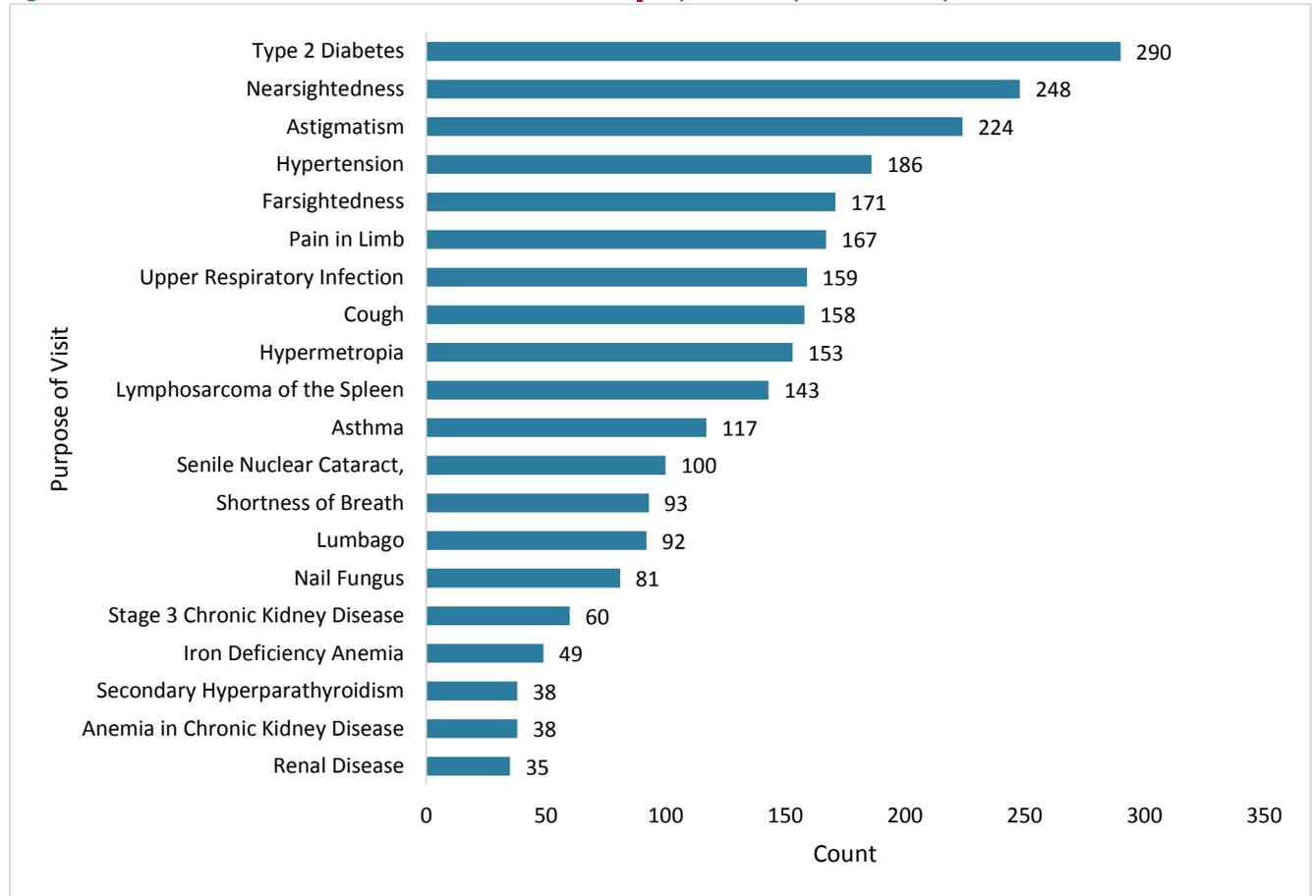
Figure 36 shows the combined primary and secondary diagnoses for patients who used the Yoeme Health Plan for contracted health services. The data displayed below are based on the number of patient office visits (POVs). In 2013, there were more Diabetes Mellitus related POVs than any other condition. Myopia, a vision condition, was the second highest POV diagnoses, followed by astigmatism (an eye condition), hypertension, and presbyopia (an eye condition). Of the top five POV diagnoses, three are conditions involving the eye(s) and vision. This trend

³⁸ El Rio Pascua Clinic



may exist because eye conditions are not covered under AHCCCS, so the Yoeme Health Plan is utilized to cover eye conditions.

Figure 36. Yoeme Health Plan Contract Visits for Fiscal Year 2013 - Top 20 Primary and Secondary Combined POVs³⁹



Oral Health⁴⁰

2010-2014 data from Pascua Yaqui Tribal Dental Center show there has been a noticeable increase in the number of patients seen while the numbers of appointments has remained relatively the same. In 2010, 539 individual patients consumed 8,249 appointments. One can deduct that each patient had multiple visits. It can also be assumed that the individual case severity was such that more dental procedures were needed per individual to address their pathology. Four years later, more patients are being seen within the same amount of visits, as can be seen in Figures 37 and 38 below.

This suggests a few interesting scenarios. First, individual needs have been reduced due to the completion of multiple dental procedures in a single office visit, thus increasing the amount of available appointments for other community members. Second, one may infer that the number of dental visits necessary for one individual has decreased. This leads one to believe that dental

³⁹ Pascua Yaqui Health Services Division

⁴⁰ Pascua Yaqui Health Services Division Dental Program



problems are being treated effectively and a focus on prevention has developed. Along these lines, the Dental Department has tracked individual procedures over the same time frame and have found that the amount of urgent visits has diminished in lieu of more restorative and preventative therapy.

Figure 37. Count of Dental Appointments from 2010-2014

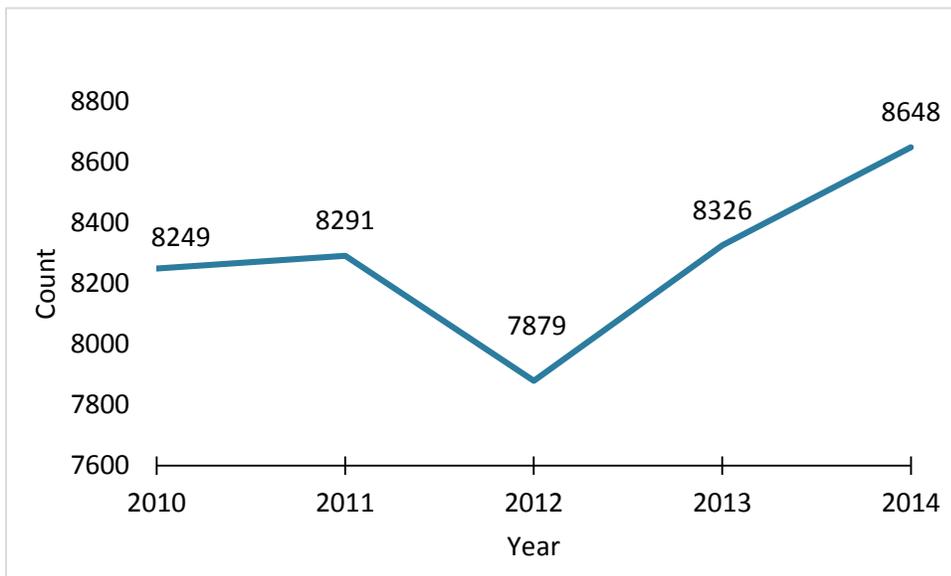
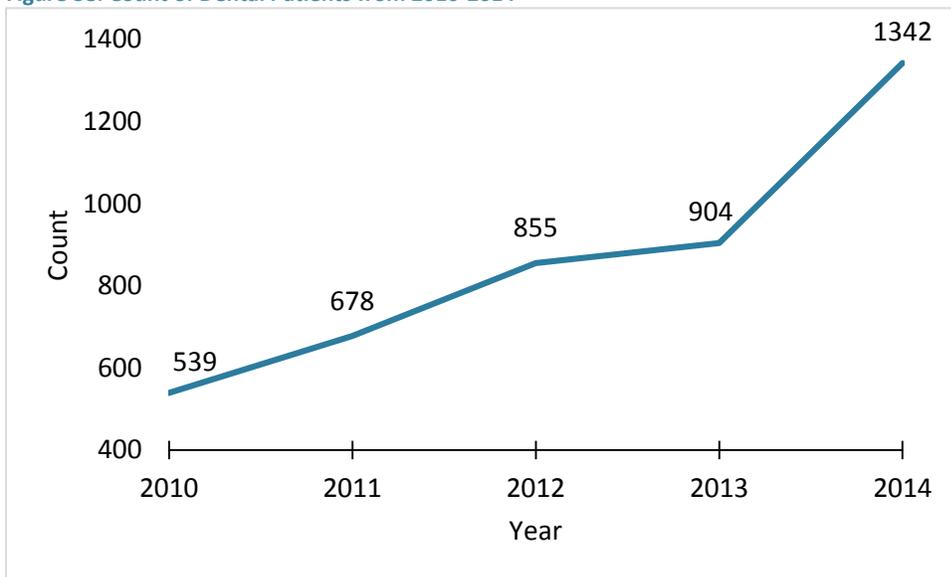


Figure 38. Count of Dental Patients from 2010-2014





Obesity

Type 2 diabetes mellitus, hypertension, and high levels of bad cholesterol are among the chronic diseases that are strongly associated with overweight and obesity. As with these other diseases, weight management through increased physical activity and healthy eating can decrease the risk of morbidity and mortality from being overweight or obese.

Body Mass Index (BMI) is a common calculation used to determine the weight status of adult patients. It is calculated by dividing a person's weight in kilograms by the square of their height in meters⁴¹. Once the BMI is calculated, a weight status is defined according to the BMI range a patient falls under. Figure 39 describes how BMI corresponds to weight status.

Figure 39. BMI and Weight Status

BMI	Weight Status
Below 18.5	Underweight
18.5 – 24.9	Normal or Healthy Weight
25.0 – 29.9	Overweight
30.0 and Above	Obese

BMI calculations were collected from El Rio Pascua Clinic users age 18 and older from the years 2009 to 2015⁴². These calculations do not represent the entire Pascua Yaqui community, but only those seeking care at El Rio Pascua Clinic and thus may represent individuals who are sicker than the Pascua Yaqui community as a whole. Figure 40 shows that the weight statuses of patients ages 18 to 34 stayed constant over time with 55.1% being obese in 2015. Figure 41 shows that obesity rates for patients ages 35 to 60 slightly increased from 58.8% in 2009 to 66.1% in 2014, but dropped slightly to 63.1% in 2015. For patients ages 61 and older, Figure 42 shows that the rate of obesity increased from 33.3% in 2009 to 43.7% in 2013, and then decreased slightly to 37.8% in 2014. However, the rate of obesity spiked among this age group in 2015 to 51.3%.

⁴¹ Centers for Disease Control and Prevention

⁴² El Rio Pascua Clinic



Figure 40. BMI by Year for El Rio Pasqua Clinic Users Ages 18-34

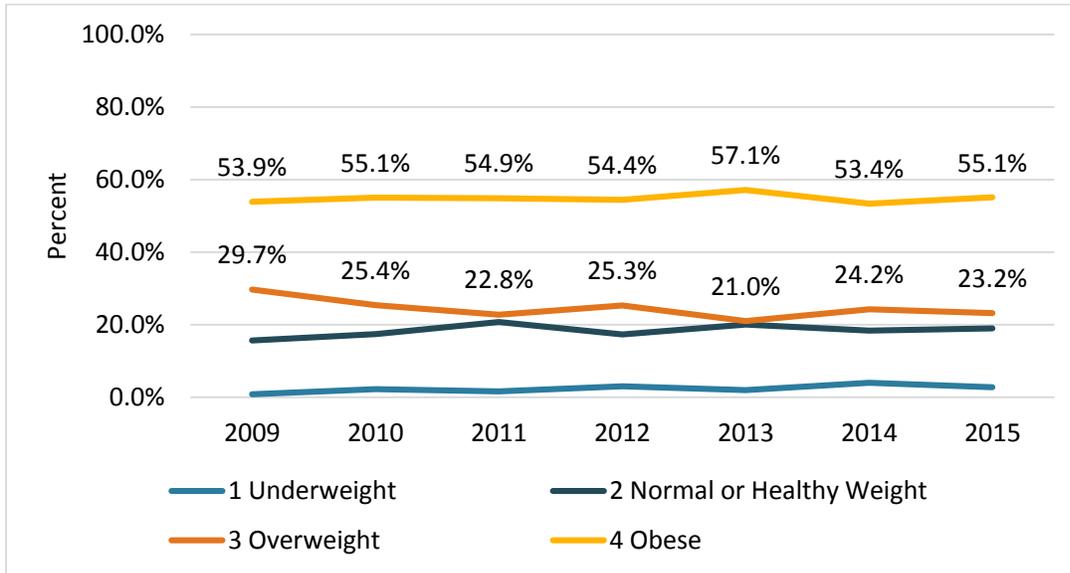


Figure 41. BMI by Year for El Rio Pasqua Clinic Users Ages 35-60

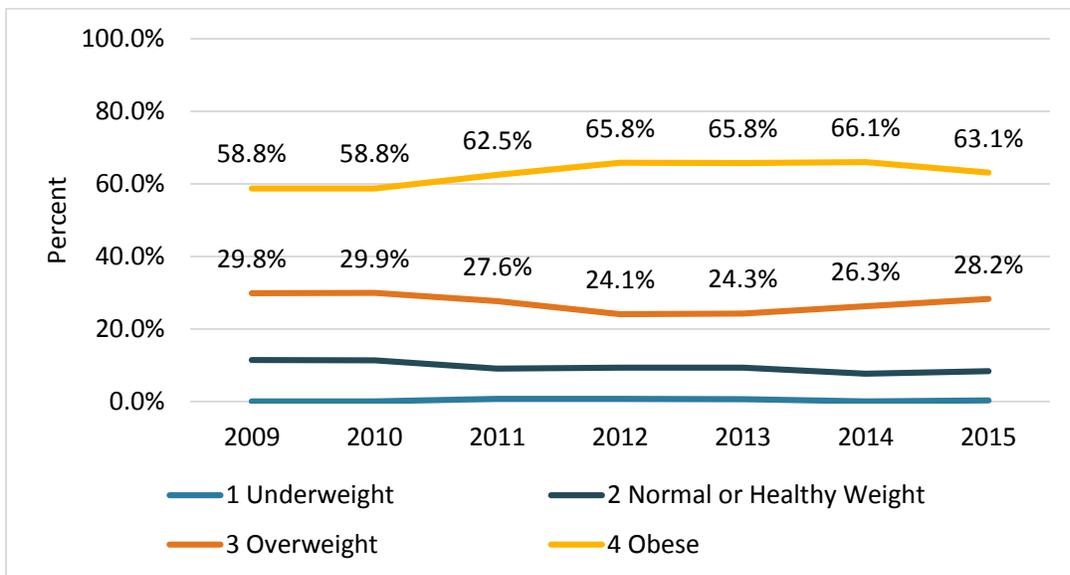
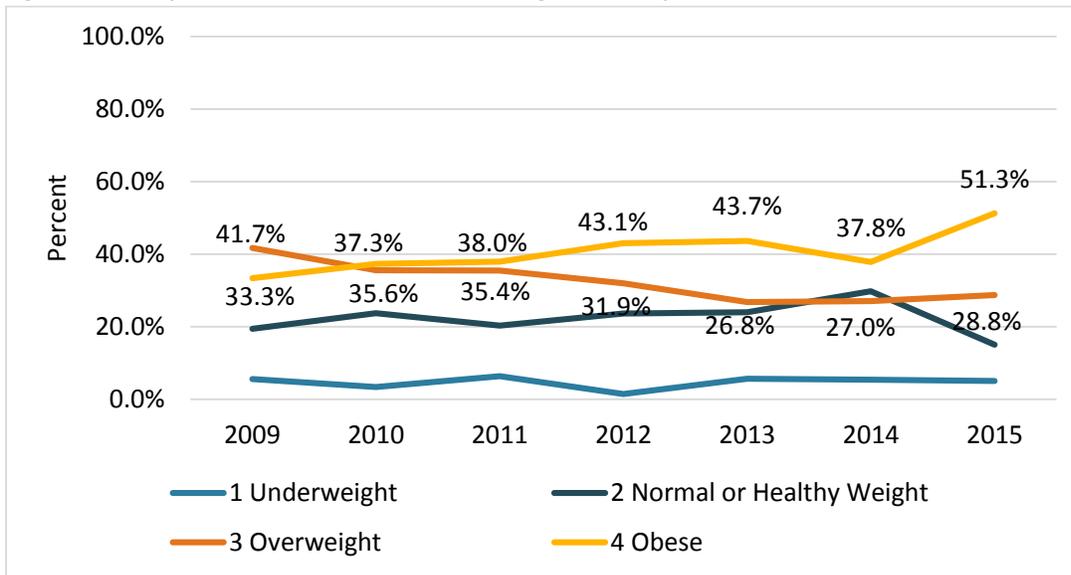




Figure 42. BMI by Year for El Rio Pascua Clinic Users Ages 61 and Up

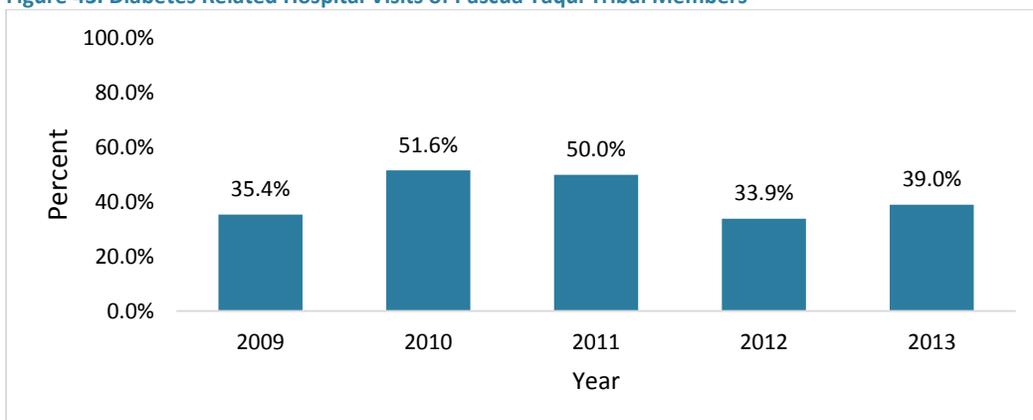


Diabetes

Diabetes is a disease where blood sugar levels are above normal. Most foods that we eat are turned into sugar (glucose) for our bodies to use for energy. Insulin is a hormone produced by the pancreas to help get insulin into the body's cells. In individuals with diabetes, the body either can't make enough insulin or use its own insulin as well as it should, causing sugar to build up in the blood rather than be taken in by cells. Diabetes can have serious complications, including heart disease, blindness, kidney failure, and lower-extremity amputation.

Arizona Hospital Discharge Database (AZ HDD) data was analyzed to assess the proportion of inpatient hospitalizations from Pascua Yaqui Tribe with a diabetes diagnosis. Figure 43 shows that in 2013, 39.0% of Pascua Yaqui Tribe inpatient hospitalizations included a diabetes diagnosis.

Figure 43. Diabetes Related Hospital Visits of Pascua Yaqui Tribal Members⁴³



⁴³ AZ HDD 2009-2013 inpatient records

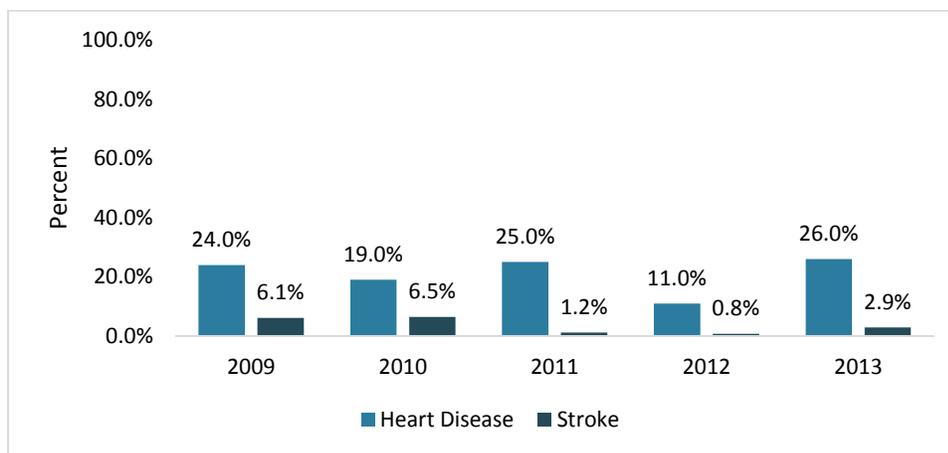


Cardiovascular Disease

Some risk factors for heart disease and stroke, like ethnicity, age, and family history, cannot be changed. Other factors, however, such as high blood pressure, high cholesterol, tobacco use, obesity, physical inactivity, unhealthy diets, and harmful use of alcohol may be changed or treated to reduce the risk of having a heart attack or a stroke.

AZ HDD data was analyzed to assess the proportion of inpatient hospitalizations from Pascua Yaqui Tribe with a heart disease or stroke diagnosis. Figure 44 shows that in 2013, 26.0% of hospital discharges for Pascua Yaqui Tribe included a diagnoses of heart disease, and 2.9% included a diagnosis of stroke.

Figure 44: Percent of Pascua Yaqui Tribal Members with Cardiovascular Disease Related Hospital Visits⁴⁴



Hypertension

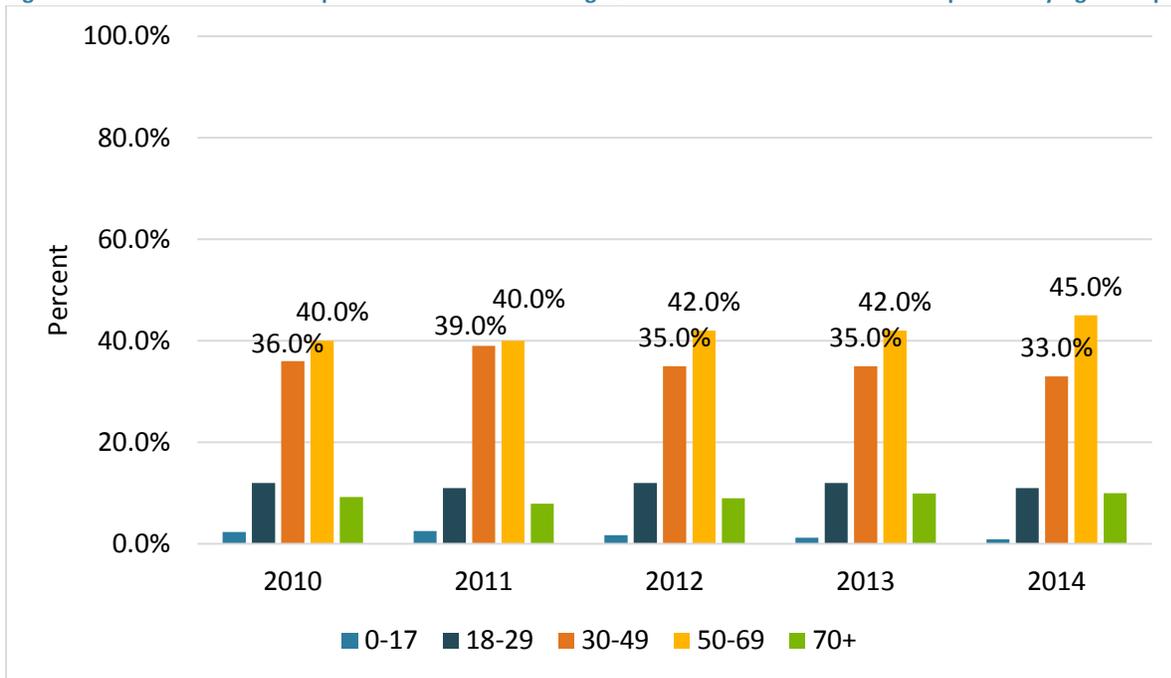
Hypertension, or high blood pressure, is a common condition that can lead to very serious complications such as heart disease and stroke. Hypertension does not have any symptoms, and is caused when the pressure created by the blood in the blood vessels is higher than it should be. This disease is easily prevented or controlled through healthy lifestyle choices, such as regular exercise, eating a well-balanced diet, not using tobacco, and in some cases, medication.

Indian Health Service's National Patient Information Reporting System (IHS NPIRS) data was analyzed to assess the proportion of the Pascua Yaqui Tribe user population with high blood pressure measurements. Blood pressure is considered high with a median systolic blood pressure of 140 mmHg or greater or a diastolic blood pressure of 90 mmHg or greater during the reporting period. As seen in Figure 45, 50-69 year olds consistently have the highest rate of high blood pressure, followed by 30-49 year olds.

⁴⁴ AZ HDD 2009-2013 inpatient records



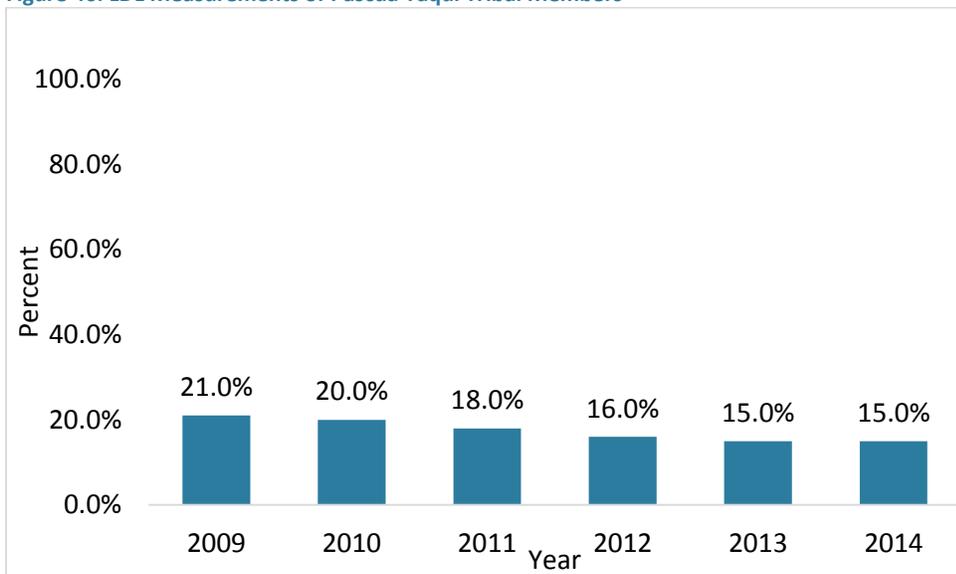
Figure 45. Percent of Pascua Yaqui Tribal Members with High Blood Pressure Measurements Separated by Age Group⁴⁵



Cholesterol

Measurements of low density lipoprotein (LDL, or 'bad cholesterol') as reported by IHS NPIRS are presented below. In 2014, 15.0% of the Pascua Yaqui Tribe user population were reported as having high levels of LDL.

Figure 46. LDL Measurements of Pascua Yaqui Tribal Members⁴⁶



⁴⁵ IHS NPIRS 2009-2014 inpatient records

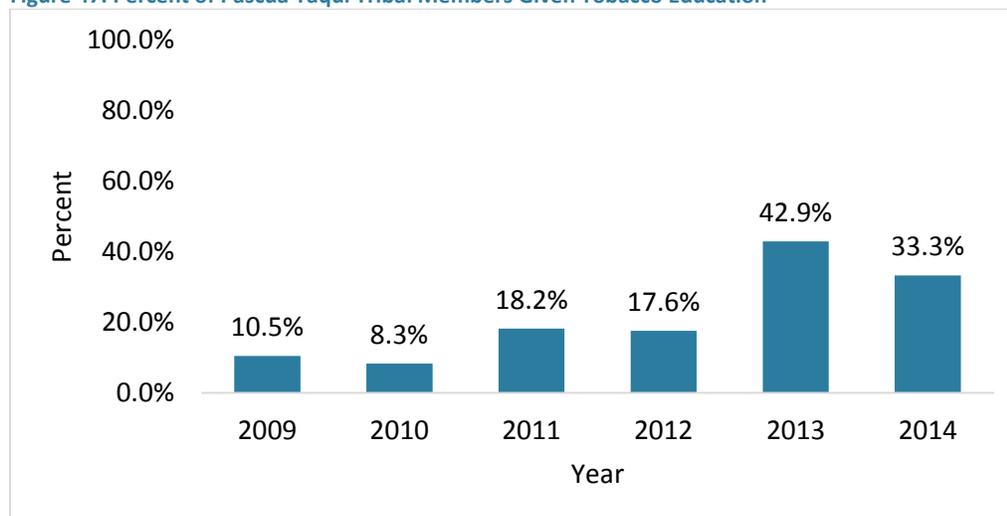
⁴⁶ IHS NPIRS 2009-2014 inpatient records



Tobacco Use and Education

According to the Centers for Disease Control and Prevention, tobacco use is the largest preventable cause of death and disease in the United States, and AI/AN populations use more tobacco than any other ethnic group⁴⁷. As shown in the Figure below, only 33.3% of those Pascua Yaqui Tribal members using tobacco were given tobacco education by an IHS health care provider. As discussed throughout the Chronic Disease section, tobacco use compounds many of the chronic health issues faced by the Pascua Yaqui community, and tobacco education is important for supporting Tribal members in improving their health.

Figure 47. Percent of Pascua Yaqui Tribal Members Given Tobacco Education⁴⁸



Cancer

More than one million people in the United States get cancer each year. In 2012, the age-adjusted cancer rate for American Indians in Arizona was 286 cases per 100,000⁴⁹. As discussed in the Mortality section of this CHA, the ADHS Community Profiles Dashboard⁵⁰ found that the Pascua Yaqui Tribe has a statistically significant higher mortality rate for any type of cancer when compared to other primary care areas in Arizona.

AZ HDD data was analyzed to assess the proportion of inpatient hospitalizations from Pascua Yaqui Tribe with a cancer diagnosis. Figure 48 shows that in 2013, 9.5% of Pascua Yaqui Tribe hospital discharges included a diagnosis of cancer.

⁴⁷ Centers for Disease Control and Prevention

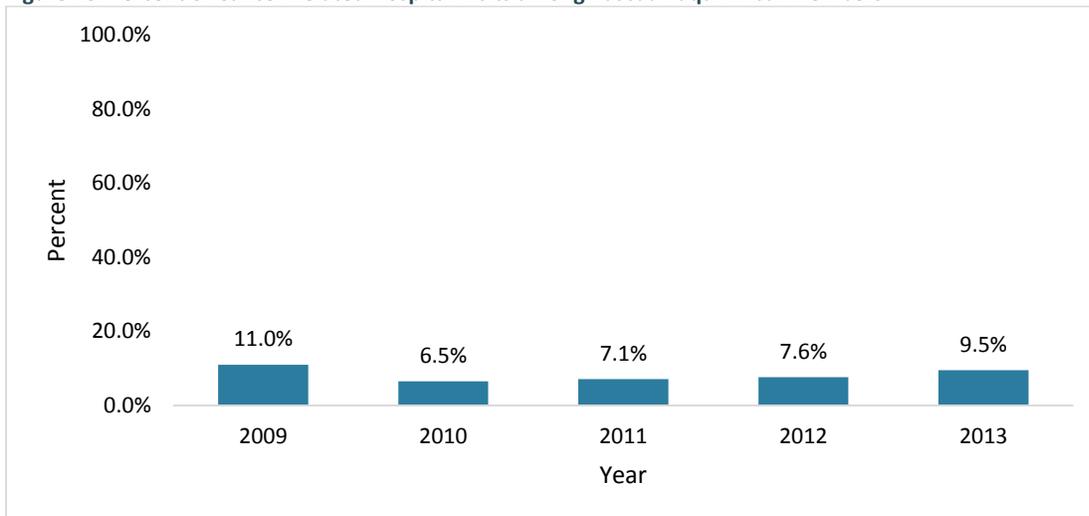
⁴⁸ IHS NPIRS 2009-2014 inpatient records

⁴⁹ ADHS

⁵⁰ ADHS Community Profiles Dashboard



Figure 48. Percent of Cancer Related Hospital Visits among Pascua Yaqui Tribal Members⁵¹



⁵¹ AZ HDD 2009-2013 inpatient records



BEHAVIORAL HEALTH

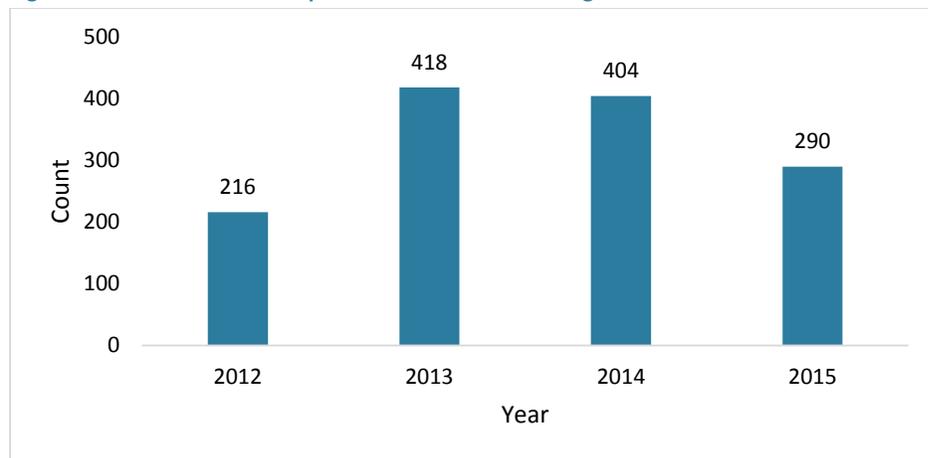




Child Protective Services (CPS) Investigations

In 2012, the Pascua Yaqui Tribe's CPS Office had 216 investigations involving 89 different families. In 2013, the number of investigation nearly doubled to 418, which involved 154 different families. Each investigation fell into the area of neglect, with 31 cases involving physical abuse and 19 cases involving sexual abuse. The number of investigations dropped slightly in 2014 with 404 investigations, and dropped again in 2015 with 290 investigations.

Figure 49. Count of Pascua Yaqui Tribe's CPS Office Investigations



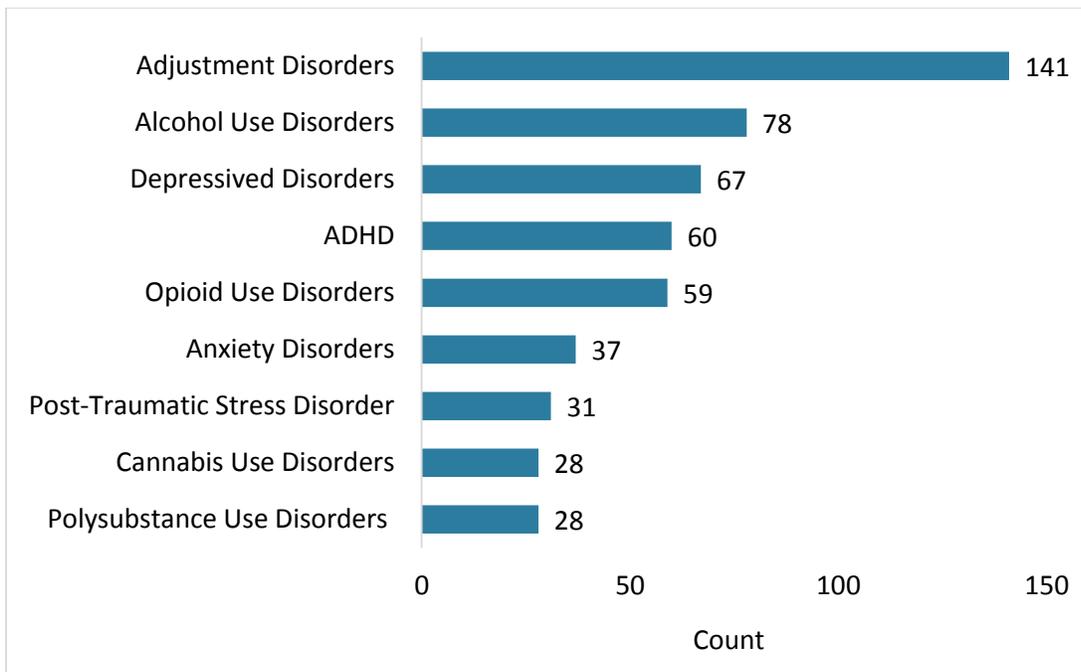
Centered Spirit Behavioral Health Clinic

The data in Figure 50 shows that in 2015, substance use disorders and adjustment disorders were the most frequently diagnosed behavioral health issues of clients seeking services at the Centered Spirit Program. It is important to mention that there is a high co-occurrence rate among individuals diagnosed with a Substance Use Disorder and that this report only displays the primary diagnosis. Opioid Use Disorder had the highest diagnosis rate of 59 new clients, Alcohol Use Disorder (both dependence and abuse) diagnoses had 78 new clients, and Polysubstance Use Disorder had 28 new clients. This data is consistent with findings from the CDC which state that substance abuse continues to disproportionately affect Tribal communities in the United States⁵².

⁵² Whitesell, N.R. (2012) Epidemiology and Etiology of Substance Use among American Indian and Alaskan Natives: Risk, Protection, and Implications for prevention. *American Journal of Drug and Alcohol Abuse*: 38(5): 376-382.



Figure 50. Number of Primary Diagnoses of Clients, 2015⁵³



⁵³ Pascua Yaqui Health Services Division, Centered Spirit Behavioral Health Annual Managers Report, 2015



MATERNAL AND CHILD HEALTH





American Indian Family Structures

Cultural differences in American Indian lifestyles may have an impact on the following rates presented within the maternal health section of this CHA. In American Indian societies extended family systems are well respected. According to John G. Redhorse, “Indian family systems are extended networks which characteristically include several households. An Indian family, therefore, is an active kinship system inclusive of parents, children, aunts, uncles, cousins, and grandparents.”⁵⁴ Within the Pascua Yaqui Tribe Community, extended family systems are valued and in which the case may be reflected in the following percentages.

Number of Households with Children

ACS data show that Pascua Yaqui has a higher percentage of households with children (ages 18 or younger) as compared to Pima County and Arizona (see Figure 51). In 2014, 38.7% of households in Pascua Yaqui had children living in them, compared to 25.2% of households in Pima County.

There is also a higher percentage of single-female households with children (18 years old and younger) in Pascua Yaqui compared to Pima County and Arizona. In 2014, 22.6% of single-female households had children living in the household, compared to 7.0% of single-female households in Pima County. The rates of single-male households with children in Pascua Yaqui are also higher than the rates seen in Pima County (4.4% and 2.4%, respectively).

Figure 51. Percent of Households with Children⁵⁵

Area		ACS 2010	ACS 2011	ACS 2012	ACS 2013	ACS 2014
Pascua Yaqui	All households w/children	45.8%	42.5%	43.5%	40.3%	38.7%
	Single-male households w/children	3.4%	2.5%	2.0%	3.0%	4.4%
	Single-female households w/children	24.1%	25.6%	25.7%	23.1%	22.6%
Pima County	All households w/children	26.3%	26.2%	25.7%	25.5%	25.2%
	Single-male households w/children	2.3%	2.3%	2.3%	2.4%	2.4%
	Single-female households w/children	6.9%	7.1%	7.0%	7.0%	7.0%
Arizona	All households w/children	30.1%	29.9%	29.3%	29.0%	28.4%
	Single-male households w/children	2.7%	2.8%	2.8%	2.8%	2.8%

⁵⁴ Washington State of Social and Health Services website: www.dshs.wa.gov

⁵⁵ ACS 5 Year Estimates Table DP02



Single-female households w/children	7.2%	7.3%	7.3%	7.4%	7.3%
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Grandparents Raising Grandchildren

According to the ACS, the number of grandparents who are the primary caregiver to their grandchildren increased from 52.6% in 2010, to 58.2% in 2014. These rates are higher than the rates for both Pima County and the state of Arizona. Multigenerational families are valued in the Pascua Yaqui community, however, legal complications related to guardianship may complicate accessing health care when a child is not in the care of his or her parents.

Figure 52. Grandparents Living With Own Grandchildren Who Are Responsible For Their Care⁵⁶

Area	ACS Estimates				
	2010	2011	2012	2013	2014
Pascua Yaqui	52.6%	57.2%	65.2%	54.5%	58.2%
Pima County	48.6%	45.5%	44.2%	42.7%	41.4%
Arizona	43.6%	42.6%	41.5%	40.2%	39.4%

Teen Pregnancy

According to the ACS, the percentage of children born to teenagers (ages 19 or younger) changed each year among Pascua Yaqui Tribal members. Contrarily, the percentage of children born to teenagers in Pima County as a whole decreased by 1% each year.

Figure 53. Rate of Teenage Birth Out Of 1,000 Births⁵⁷

Area	2010		2011		2012		2013	
	Rate	Percent	Rate	Percent	Rate	Percent	Rate	Percent
Pascua Yaqui Tribe	200.0	20.0%	264.7	26.0%	129.9	13.0%	243.2	24.0%
Pima County	110.1	11.0%	99.8	10.0%	93.3	9.0%	84.2	8.0%

According to the ADHS Community Profile Dashboard⁵⁸, the Pascua Yaqui Tribe (highlighted in orange) has the highest teen pregnancy rate among all Arizona communities.

Figure 54. Primary Care Area Teenage Birth Rates per 1,000 Live Births⁵⁹

⁵⁶ACS 5 Year Estimates Table DP02

⁵⁷ ADHS Community Profiles Dashboard

⁵⁸ ADHS Community Profiles Dashboard

⁵⁹ 2015 Pima County Community Health Assessment



Primary Care Area	Teenage Birth
Pascua Yaqui Tribe	243.2
Ajo	115.9
Casas Adobes	56.1
Catalina Foothills	34.2
Drexel Heights	100.9
Flowing Wells	127.8
Green Valley	65.2
Marana	40.1
Oro Valley	24.9
Picture Rocks	86.4
Sahuarita	30.4
San Xavier	238.1
Tanque Verde	34.9
Tohono O'odham Nation	184.9
Tucson Central	93.9
Tucson East	74.2
Tucson Estates	120.9
Tucson Foothills	77.8
Tucson South	127.9
Tucson South East	29.5
Tucson West	79.8
Vail	32.0
Valencia West	198.6



INFECTIOUS DISEASE





Vaccine Preventable Diseases

According to the Pima County Community Health Needs Assessment⁶⁰ published in 2015, the Pascua Yaqui Tribe has higher rates of vaccine-preventable disease compared to neighboring communities. The vaccine-preventable diseases assessed include measles, influenza, mumps, rotavirus, chickenpox (varicella) and others.

Figure 55. Primary Care Area Incidence Rate of Vaccine-Preventable Diseases, 2013⁶¹

PRIMARY CARE AREA	CASES PER 100,000
Pascua Yaqui Tribe	58.2
Ajo	0.0
Casas Adobes	10.4
Catalina Foothills	13.3
Drexel Heights	11.3
Flowing Wells	17.4
Green Valley	4.0
Marana	10.8
Oro Valley	8.9
Picture Rocks	18.6
Sahuarita	3.3
San Xavier	0.0
Tanque Verde	12.1
Tohono O'odham Nation	13.2
Tucson Central	8.8
Tucson East	14.0
Tucson Estates	0.0
Tucson Foothills	10.5
Tucson South	7.7
Tucson South East	39.8
Tucson West	0.0
Vail	40.2
Valencia West	5.6

⁶⁰ 2015 Pima County Community Health Needs Assessment

⁶¹ ADHS Primary Care Area Statistical Profiles



Sexually Transmitted Infections

The ADHS has identified certain communities as having statistically significant higher rates of chlamydia, gonorrhea and syphilis. Both the Pascua Yaqui Tribe and the Tohono O’odham Nation have significantly higher rates of chlamydia as seen in Figure 56. Additionally, it is indicated that the Pascua Yaqui Tribe has no incidence of HIV/AIDS or Syphilis which is known to be inaccurate according to the HIV/AIDS Prevention Program within the PYHSD. Primary data from the HIV/AIDS Prevention Program requires more time for analysis due to reasons mentioned in the Executive Summary.

Figure 56. Primary Care Incidence* of Sexually Transmitted Disease and HIV/AIDS, 2013, per 100,000 Population⁶²

PRIMARY CARE AREA	HIV/AIDS	CHLAMYDIA	GONORRHEA	PRIMARY AND SECONDARY SYPHILIS
Pascua Yaqui Tribe	0.0	1252.2	58.2	0.0
Ajo	0.0	494.6	0.0	0.0
Casas Adobes	10.4	339.8	65.6	1.5
Catalina Foothills	3.3	158.2	20.0	3.3
Drexel Heights	0.0	593.1	90.1	3.8
Flowing Wells	5.8	543.8	75.2	5.8
Green Valley	12.0	80.2	20.0	0.0
Marana	7.2	231.2	21.5	5.4
Oro Valley	2.2	153.3	26.7	0.0
Picture Rocks	0.0	288.3	65.1	0.0
Sahuarita	0.0	190.2	16.4	0.0
San Xavier	0.0	449.9	0.0	0.0
Tanque Verde	6.0	186.9	24.1	0.0
Tohono O’odham Nation	0.0	1621.4	92.3	13.2
Tucson Central	17.4	801.2	131.0	8.7
Tucson East	11.8	505.1	72.0	6.5
Tucson Estates	13.3	251.9	19.9	6.6
Tucson Foothills	11.5	576.5	100.4	5.2

⁶² ADHS Community Profiles Dashboard



Tucson South	17.1	812.7	120.0	8.8
Tucson South East	7.6	219.9	37.9	5.8
Tucson West	12.9	587.1	113.8	7.8



NEXT STEPS





The CHA process has brought to light the need for more sophisticated means to locate and analyze the primary data of the PYHSD's programs and services. In analyzing secondary data from sources such as the American Community Survey, discrepancies are apparent between those data and the true understanding of the Pascua Yaqui community's health by local community leaders and PYHSD staff. These discrepancies are compounded by the general lack of data available for American Indian and Alaskan Native populations. Primary data owned, analyzed, and shared by the Pascua Yaqui Tribe will allow for an accurate understanding of the community's health and higher quality monitoring and evaluation of PYHSD programs and services.

This CHA and all work done throughout the accreditation process belongs to the community who invested in the assessment process, and in doing so, contributed to improving the wellbeing of all members of the community. The Public Health Accreditation Team will communicate the CHA findings to the community and Tribal Council to ask for input on setting health improvement priorities. Based on community feedback, the team will continue the ongoing process of prioritization, asset and needs assessment, improvement planning, implementation, and evaluation. This ongoing process will result in a Community Health Improvement Plan (CHIP) and Strategic Plan (SP). The CHA, CHIP, and SP are part of the accreditation process that requires documentation of the Tribe's approach to twelve broad public health standards and measures which follow the National Public Health Performance Standards Program. The Public Health Accreditation Team is committed to the cycle of health improvement and collaboration with the community, health department programs, and partners who contribute to the health of the community as they pursue accreditation and work continually toward the vision of the PYHSD:

A healthy Yaqui (Hiaki) community where all people can enjoy health and wellness in a clean, safe environment, be protected from public health threats, and have access to high-quality and comprehensive health care.